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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767375**

1. Corporation Name

HOPE ALLIANCE CHURCH, OF THE CHRISTIAN AND MISSI ONARY ALLIANCE, INC. SPRING HILL FLORIDA

Principal Place of Business	Mailing Address
13241 SPRING HILL DRIVE SPRING HILL FL 34609-2247	13241 SPRING HILL DRIVE SPRING HILL FL 34609-2247

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2400802 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALBERT, REV LOWELL G. 13241 SPRING HILL DRIVE SPRING HILL FL 34609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HALBERT, LOWELL G (PAST		1.2 NAME		
STREET ADDRESS	2407 GIMLET AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NARDELLI, PETER		2.2 NAME		
STREET ADDRESS	7400 SPRINGHILL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, JACK		3.2 NAME		
STREET ADDRESS	10088 NORTHWIND CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHAUB, EUGENE		4.2 NAME		
STREET ADDRESS	7289 LOCHNESS CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLIGAN, JAMES		5.2 NAME		
STREET ADDRESS	9225 BUNTING RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information* indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/15/99 352-666-0959

CR2E037 (11/98)