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Secretary of State

08-13-1999 90012 022 ****61.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004873

1. Corporation Name

WORD OF HOPE CHRISTIAN CENTER, INC.

Principal Place of Business

1601 REBECCA DR
LIMA OH 45805

Mailing Address

1601 REBECCA DR
LIMA OH 45805



* 6 8 605675 5 90012 7 22 5 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/27/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	34-1820386
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25	30	

9. Name and Address of Current Registered Agent

JEFFERSON, SHARON E
9510 SW 1ST CT
CORAL SPRINGS FL 33071-7371

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, SHARON E	1.2 NAME	
STREET ADDRESS	2130 BROOKHAVEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIMA OH 45805	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, HAROLD R	2.2 NAME	
STREET ADDRESS	2102 BROOKHAVEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIMA OH	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JOYCE	3.2 NAME	
STREET ADDRESS	2102 BROOKHAVEN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIMA OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)