

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3:53

DOCUMENT # **N03737** (6)

1. Corporation Name
NEW HOPE CHRISTIAN CHURCH OF FORT WALTON BEACH, FLORIDA, INCORPORATED

Principal Place of Business Mailing Address
311 LOVEJOY ROAD 311 LOVEJOY ROAD
FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1984** 3a. Date of Last Report **02/02/1994**
4. FEI Number **65-0083422** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **New Hope Christian Center** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GWYN, JAMES E.
405 OAKLAND CIRCLE
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *James E. Gwyn*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, WILLIAM R 50 MAYO ST. HURLBURT FIELD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KING, ROBIN 39 BAKKE STREET HURLBURT FIELD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GWYN, JIM 405 OAKLAND CIRCLE FT. WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKINS, ALTA G 1207 BEACHVIEW DR FT WALTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GWYN, VIRGINIA 405 OAKLAND CR FT WALTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD COLEMAN, ROGERIC 216 CREWILLA STREET FT WALTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Thompson, Herbert 301 Blessinger Drive Fort Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Thompson, Robin 301 Blessinger Drive Fort Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *James E. Gwyn*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
James B. Gwyn - Pastor

Date: _____
Dyer's Photo # _____