

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N03737** (6)
1. Corporation Name

NEW HOPE CHRISTIAN CENTER OF FORT WALTON BEACH, FLORIDA, INCORPORATED



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

3. Date Incorporated or Qualified: **06/18/1984**
3a. Date of Last Report: **01/27/1995**

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

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 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: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMPSON, HERBERT		1.2 NAME	
STREET ADDRESS: 301 BLESSINGER DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: FORT WALTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMPSON, ROBIN		2.2 NAME	
STREET ADDRESS: 301 BLESSINGER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: FORT WALTON BEACH FL		2.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GWYN, JIM		3.2 NAME	
STREET ADDRESS: 405 OAKLAND CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP: FT. WALTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LARKINS, ALTA G		4.2 NAME	
STREET ADDRESS: 1207 BEACHVIEW DR		4.3 STREET ADDRESS	
CITY-ST-ZIP: FT WALTON BCH FL		4.4 CITY-ST-ZIP	
TITLE: M	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GWYN, VIRGINIA		5.2 NAME	
STREET ADDRESS: 405 OAKLAND CR		5.3 STREET ADDRESS	
CITY-ST-ZIP: FT WALTON BCH FL		5.4 CITY-ST-ZIP	
TITLE: MD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COLEMAN, ROGERIC		6.2 NAME	
STREET ADDRESS: 216 CREWILLA STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP: FT WALTON BCH FL		6.4 CITY-ST-ZIP	

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 119.07(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: *Jim Gwyn* (1-30-96) (904)243-7082
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)