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**Apr 04 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



**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 Mailing Address
311 LOVEJOY ROAD 311 LOVEJOY ROAD
FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548-3420**

3. Date Incorporated or Qualified 06/18/1984 3a. Date of Last Report 03/29/1996

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

**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. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARKINS, ALTA G	4.2 NAME	Jackson, William
STREET ADDRESS	1207 BEACHVIEW DR	4.3 STREET ADDRESS	9 Carie Way
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP	Valparaiso, Fl 32580
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, ROGERIC	6.2 NAME	Collier, Omega
STREET ADDRESS	216 CREWILLA STREET	6.3 STREET ADDRESS	412 Elaine Drive
CITY-ST-ZIP	FT WALTON BCH FL	6.4 CITY-ST-ZIP	FT Walton Bch, FL 32548

14. I do 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.

SIGNATURE: _____ **ROBIN LARKINS** **REQUIRED** in C. Thompson 3-25-97 (904) 243-7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073960

CR2E037 (9/96)