

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/18/1984	
4. FEI Number 65-0083422	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NO. 1 Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, HERBERT
STREET ADDRESS	301 BLESSINGER DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, ROBIN
STREET ADDRESS	301 BLESSINGER DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	GWYN, JIM
STREET ADDRESS	405 OAKLAND CIRCLE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JACKSON, WILLIAM
STREET ADDRESS	9 CARIE WAY
CITY-ST-ZIP	VALPARAISO FL
TITLE	M <input type="checkbox"/> DELETE
NAME	GWYN, VIRGINIA
STREET ADDRESS	405 OAKLAND CR
CITY-ST-ZIP	FT WALTON BCH FL
TITLE	M <input type="checkbox"/> DELETE
NAME	COLLIER, OMEGA
STREET ADDRESS	412 ELAINE DRIVE
CITY-ST-ZIP	FT WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Monica Wood
4.3 STREET ADDRESS	1903 Squirrel Path
4.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *James E. Gwyn* James E. Gwyn 2-3-98 850-243-7082

CR2E037 (10/97)