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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90100 021 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03737**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0083422
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>GWYN, JAMES E. 405 OAKLAND CIRCLE FT. WALTON BEACH FL 32548</b>	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
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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 THOMPSON, HERBERT <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	S THOMPSON, ROBIN <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 GWYN, JIM <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	T WOOD, MONICA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, MONICA	4.2 NAME	
STREET ADDRESS	1903 SQUIRREL PATH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	
TITLE	VD GWYN, VIRGINIA <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	D COLLIER, OMEGA <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, OMEGA	6.2 NAME	
STREET ADDRESS	412 ELAINE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	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: Robin A. Thompson 1-5-99 850-243-7082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)