

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90459 032 ****70.00

DOCUMENT # N03737

1. Entity Name

NEW HOPE CHRISTIAN CENTER OF FORT WALTON BEACH,

Principal Place of Business

Mailing Address

311 LOVEJOY ROAD
 FORT WALTON BEACH FL 32548

311 LOVEJOY ROAD
 FORT WALTON BEACH FL 32548-3420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0083422

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GWYN, JAMES E.
405 OAKLAND CIRCLE
FT. WALTON BEACH FL 32548

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

James E. Gwyn
 (NOTE: Registered Agent signature required when reinstating)

Jul 1, 2000
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, HERBERT	
STREET ADDRESS	301 BLESSINGER DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	S	<input checked="" 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	T	<input type="checkbox"/> Delete
NAME	WOOD, MONICA	
STREET ADDRESS	1903 SQUIRREL PATH	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GWYN, VIRGINIA	
STREET ADDRESS	405 OAKLAND CR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duenas, Stephanie	
STREET ADDRESS	405 OAKLAND CR.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Audrey	
STREET ADDRESS	44 12th St 6th/25th	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duenas, Stephanie	
STREET ADDRESS	30 7th Ave. #132	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Audrey	
STREET ADDRESS	25 B, 10th Ave	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie Duenas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 1, 2000
 Date Daytime Phone #



NEW HOPE CHRISTIAN CENTER

311 Lovejoy Road
Fort Walton Beach, Florida 32548
(904) 243-7082

Jim Gwyn, *Senior Pastor*

Attachments
#N03737
D0067836

July 2, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

Please accept this filing for our 2000 uniform business report. I recently took the position of secretary of New Hope Christian Center. The report was mistakenly overlooked during the period in which the office was unmanned. In addition to the late filing, I would like to apologize for the lined through additions, but both parties that were listed have just relocated to new permanent addresses.

Please forgive the lateness of this filing. I did not note any penalty and/or late fees listed on the application, however, please consider that we are a very small church and deeply regret our tardiness.

If there are any other problems or questions, I can be reached at (850) 243-7082.

Stephanie Duenas
Secretary