

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90072 033 ****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

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

James E. Gwyn

20 MAR. 01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **PD GWYN, JIM**
 STREET ADDRESS **405 OAKLAND CIRCLE**
 CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **S** Change Addition
 NAME **Stephanie Duenas**
 STREET ADDRESS **32 7th Ave #132**
 CITY-ST-ZIP **Shalimar, FL 32579**

TITLE Delete
 NAME **T WOOD, MONICA**
 STREET ADDRESS **1903 SQUIRREL PATH**
 CITY-ST-ZIP **FT WALTON BEACH.FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GWYN, VIRGINIA**
 STREET ADDRESS **405 OAKLAND CR**
 CITY-ST-ZIP **FT WALTON BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WILLIAMS, AUDREY**
 STREET ADDRESS **25 B 10TH AVE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 **Stephanie Duenas**

3-18-01 **3-18-01**

(850) 243-7082 **(850) 243-7082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)