

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2004
Secretary of State**

DOCUMENT# N03737

Entity Name: NEW HOPE CHRISTIAN CENTER OF FORT WALTON BEACH, FLORIDA, INCORPORATED

Current Principal Place of Business:

311 LOVEJOY ROAD
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

311 LOVEJOY ROAD
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 65-0083422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GWYN VIRGINIA
1181 LOST TRAIL
FT. WALTON BEACH, FL 32547 US

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: VIRGINIA GWYN 04/13/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GWYN, JIM,
Address: 405 OAKLAND CIRCLE
City-St-Zip: FT. WALTON BEACH, FL

Title: T () Delete
Name: WOOD, MONICA
Address: 1903 SQUIRREL PATH
City-St-Zip: FT WALTON BEACH, FL 32547

Title: VD () Delete
Name: GWYN, VIRGINIA,
Address: 405 OAKLAND CR
City-St-Zip: FT WALTON BCH, FL

Title: D () Delete
Name: WILLIAMS, AUDREY
Address: 25 B 10TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: S (X) Delete
Name: DUENAS, STEPHANIE
Address: 32 7TH AVE #132
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GWYN, VIRGINIA,
Address: 1181 LOST TRAIL
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, AUDREY
Address: 213 CADILLAC AVENUE
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Change () Addition
Name: DUENAS, STEPHANIE C
Address: 1181 LOST TRAIL
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE DUENAS S 04/13/2004

Electronic Signature of Signing Officer or Director Date