

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03737

FILED
Jul 30, 2006
Secretary of State

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GWYN VIRGINIA
601 EMERALD LANE
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: _____

Electronic Signature of Registered Agent

07/30/2006

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GWYN, VIRGINIA,
Address: 601 EMERALD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

S

07/30/2006

Date