

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10452** (3)

1. Corporation Name
NEW HOPE LOVE OF GOD, INCORPORATED



Principal Place of Business
**643 COKE AVE
WINTER GARDEN FL 34787
US**

Mailing Address
**740 SOUTH PARK AVE.
WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified **07/30/1985** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country 30

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**STEPHENS, CHARLES ALLEN
740 PARK AVE.
WINTER GARDEN FL 34787**

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEPHENS, CHARLES A	
STREET ADDRESS	740 PARK AVE.	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIFORD, WALTER J	
STREET ADDRESS	641 COKE AVE	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEPHENS, PATRICIA	
STREET ADDRESS	740 PARK AVE	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	COSSON, DAVID	
STREET ADDRESS	954 W MONTROSE	
CITY - ST - ZIP	CLERMONT FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FLEMING, BERNESE	
STREET ADDRESS	12512 EDGE HILL DR	
CITY - ST - ZIP	GROVELAND FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	DUNAWAY, QUEEN	
STREET ADDRESS	741 BURCH AVE	
CITY - ST - ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles A. Stephens* 4-8-96 407-656-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)