


4-2297 B-5195 NC

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10452 (3)**  
1. Corporation Name  
**NEW HOPE LOVE OF GOD, INCORPORATED**



Principal Place of Business <b>643 COKE AVE WINTER GARDEN FL 34787 US</b>	Mailing Address <b>740 SOUTH PARK AVE. WINTER GARDEN FL 34787-3317</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1985</b>	3a. Date of Last Report <b>04/24/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STEPHENS, CHARLES ALLEN 740 PARK AVE. WINTER GARDEN FL 34787</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, CHARLES A</b>	1.2 NAME	
STREET ADDRESS	<b>740 PARK AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIFORD, WALTER J</b>	2.2 NAME	
STREET ADDRESS	<b>641 COKE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, PATRICIA</b>	3.2 NAME	
STREET ADDRESS	<b>740 PARK AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSSON, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>954 W MONTROSE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, BERNESE</b>	5.2 NAME	
STREET ADDRESS	<b>12512 EDGE HILL DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GROVELAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNAWAY, QUEEN</b>	6.2 NAME	
STREET ADDRESS	<b>741 BURCH AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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* **Charles A. Stephens**  
4/13/97 407-656-1284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070607

CR2E037 (9/96)