


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 843 COKE AVE WINTER GARDEN FL 34787 US	Mailing Address 740 SOUTH PARK AVE. WINTER GARDEN FL 34787
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3. Date Incorporated or Qualified 07/30/1985	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

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	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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, CHARLES A	1.2 NAME	
STREET ADDRESS	740 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIFORD, WALTER J	2.2 NAME	
STREET ADDRESS	841 COKE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PATRICIA	3.2 NAME	
STREET ADDRESS	740 PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSON, DAVID	4.2 NAME	
STREET ADDRESS	954 W MONTROSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, BERNESE	5.2 NAME	
STREET ADDRESS	12512 EDGE HILL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNAWAY, QUEEN	6.2 NAME	
STREET ADDRESS	741 BURCH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	6.4 CITY-ST-ZIP	

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14. 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 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* 4/13/98 407-656-1204

CR2E037 (10/97)