FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N10452

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

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90017 007 ****70.00



Principal Place of Business					3. Date Incorporated or Qualifed 07/30/1985			
21 643 Coke Ave. 26							- Jind Fan	
Suite, Apt. :					4. FEI Number NOT APPLICABLE	·	pplied For	
22 27					NOT AFFLICABLE		ot Applicable	
23 Winter Garden FL 28					5. Certificate of Status Desired \$8:75 Additional Fee Required			
Zip Country Zip Ci 24 7 34787 25 USA 29 30			Country	'	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		, ,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent		
Total of the Assessment of the State of the				81 Name				
CYEDUTNO CHADITO ALLEM								
STEPHENS, CHARLES ALLEN				82 Street Address (P.O. Box Number is Not Acceptable)				
740 PARK AVE.				83				
WINTER GARDEN FL 34787								
	•		84	City	FL	85 Zip	Code	
44		J C47 4500 Florido Ctatutas	the ebou	n namad		hanging its	s registered	
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					required when reinstating) DATE			
				nt signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		01110211071110		 -1	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE	PD OUT OUT OF THE	☐ DELETE 1.1 T			•			
NAME	0.2.7(2.10)		1.2 NAME)				
STREET ADDRESS			1.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			(T) 4.2400	
πιε	DELETE 2.11		2.1 TITLE	1	!	☐ Change	Addition	
NAME	WILLIFORD, WALTER J		2.2 NAME					
STREET ADDRESS	641 COKE AVE 238		2.3 STREE	TADDRESS	;			
CITY+ST-ZIP	WINTER GARDEN FL 2.41		2.4 CITY-	ST-ZIP				
TITLE	STD DELETE 3.17		3.1 TITLE			☐ Change	Addition	
NAME	STEPHENS, PATRICIA 32A		3.2 NAME				.	
STREET ADDRESS			3.3 STREE	TADDRESS	s			
CITY-ST-ZIP	WINTER GARDEN FL 344		3.4, C/TY-	ST-ZIP				
TITLE			4.1 TITLE	ì		Change	Addition	
NAME	COSSON, DAVID	• •	4. 2 NAME					
STREET ADDRESS	954 W MONTROSE		4.3 STREE	TADDRESS	.(
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-S					
TITLE			5.1 TITLE		•	Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	12512 EDGE HILL DR		5.3 STREE	T ADDRESS	s)		1	
	GROVELAND FL		5.4 CITY-S	ST-ZIP				
CITY-ST-ZIP TITLE	TR	GIOTE AID I C			TR	☐ Change	☐ Addition	
l "1	III		6.2 NAME				-	
NAME	DOIANIAI, GOLLII			T ADDRESS	Fowler, Queen 741 Burch Ave.			
STREET ADDRESS	741 BURCH AVE		0.3 31700	I AUUKESS	141 500-01			

CITY-ST-ZIP | WINTEH GAHUEN FL

14. I thereby 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, with all other like empowered.