

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24231**
1. Corporation Name

NEW HOPE CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business: **4940 Emerson Street Jacksonville, Florida 32207**
Mailing Address: **6562 Lou Drive South Jacksonville, Florida 32216**

3. Date Incorporated or Qualified: **Jan. 6, 1988**
3a. Date of Last Report: **Mar. 18, 1996**

2. Principal Place of Business: **4940 Emerson Street Jacksonville, Florida 32207**
2a. Mailing Address: **4940 Emerson Street Jacksonville, Florida 32207**
23. City & State: **Jacksonville, Florida**
24. Zip: **32207**
25. Duval
26. City & State: **Jacksonville, Florida**
27. Zip: **32207**
28. Duval

4. FEI Number: **59-2837648**
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
**Gerald W. Curtis
6562 Lou Drive South
Jacksonville, Florida 32216**

10. Name and Address of New Registered Agent
81. Name: **Derek M. Sebastian**
82. Street Address (P.O. Box Number is Not Acceptable): **3401 Townsend Blvd. #310**
83. City: **Jacksonville** FL 85. Zip Code: **32211**

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: *Gerald W. Curtis*
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating) DATE: **4/4/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE P/D	Gerald W. Curtis	<input checked="" type="checkbox"/>
NAME	Gerald W. Curtis	
STREET ADDRESS	6562 Lou Drive South Jacksonville, Fl 32216	
CITY - ST - ZIP	Jacksonville, Fl 32216	
TITLE V/P	Anthony A. Homer	<input checked="" type="checkbox"/>
NAME	Anthony A. Homer	
STREET ADDRESS	4692 Bedford Road Jacksonville, Fl 32207	
CITY - ST - ZIP	Jacksonville, Fl 32207	
TITLE S/T/D	Marian Little	<input type="checkbox"/>
NAME	Marian Little	
STREET ADDRESS	1300 Shetter Avenue #51 Jacksonville Bch., Fl 32250	
CITY - ST - ZIP	Jacksonville Bch., Fl 32250	
TITLE S/D	Lois B. Curtis	<input checked="" type="checkbox"/>
NAME	Lois B. Curtis	
STREET ADDRESS	6562 Lou Drive Jacksonville, Fl 32216	
CITY - ST - ZIP	Jacksonville, Fl 32216	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE P/D	Derek M. Sebastian	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Derek M. Sebastian		
13 STREET ADDRESS	3401 Townsend Blvd. #310 Jacksonville, Fl 32211		
14 CITY - ST - ZIP	Jacksonville, Fl 32211		
21 TITLE V/P	Patricia A. Sebastian	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Patricia A. Sebastian		
23 STREET ADDRESS	3401 Townsend Blvd. #310 Jacksonville, Fl 32211		
24 CITY - ST - ZIP	Jacksonville, Fl 32211		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS	700001774687 -04/10/96--01005--028		
44 CITY - ST - ZIP	***61.25	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

CR2E037 (12/95)