

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N31492** (4)

1. Corporation Name

**BLESSED HOPE CHRISTIAN CHURCH, INC.**



Principal Place of Business	Mailing Address
4010 N. NEBRASKA AVE. TAMPA FL 33603	4010 N. NEBRASKA AVE. TAMPA FL 33603

2. Principal Place of Business	2a. Mailing Address
21 816 E. Genesee st	26 P.O. B. 310387
22 Suite A	27 Suite, Apt. #, etc.
23 Tampa FL	28 Tampa, FL 33680
24 Zip 33603	29 Zip 33680
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	04/03/1989
4. FEI Number	59-3020745
5. Certificate of Status Desired	<input 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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOHNSON, ELLIOTT L. 2070 N. 34TH STREET TAMPA FL 33605

10. Name and Address of New Registered Agent
81 Name Johnson, Elliott L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2707 N. 34th St
84 City Tampa FL 85 Zip Code 33605

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
NAME	JOHNSON, ELLIOTT L.
STREET ADDRESS	2707 N. 34TH STREET
CITY-ST-ZIP	TAMPA FL 33605
TITLE	PDVS
NAME	JOHNSON, ROSEMARY
STREET ADDRESS	2707 N. 34TH STREET
CITY-ST-ZIP	TAMPA FL 33605
TITLE	D
NAME	ELLINGTON, JEROME
STREET ADDRESS	2809 HEATHERWOOD DR
CITY-ST-ZIP	TAMPA FL 33618
TITLE	DT
NAME	BROOKIN, MD, JAMES O
STREET ADDRESS	4728 N HABANA AAVE., STE. 20
CITY-ST-ZIP	TAMPA FL 33614
TITLE	VPD
NAME	KING, KATHERINE
STREET ADDRESS	9000 E JEFFERSON, #1915
CITY-ST-ZIP	DETROIT MI 48214
TITLE	DT
NAME	MUSIMAN, PAMELA
STREET ADDRESS	2109 31ST AVE., #598
CITY-ST-ZIP	TAMPA FL 33610

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Craig D Holloway
3.3 STREET ADDRESS	5238 Bon Vivant Dr. #74
3.4 CITY-ST-ZIP	Tampa, FL 33603
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ ELLIOTT L. JOHNSON 813-232-1076

CP2E037 (10/97)