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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32500 (3)

1. Corporation Name

NEW HOPE FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
7776 MORSE AVENUE JACKSONVILLE FL 32244	P.O. BOX 6516 JACKSONVILLE FL 32236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3311955 X Applied For / NOT APPLICABLE Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26 7525 Sharbeth Dr. S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, Florida
Zip 24 / Country 25	Zip 29 32210 / Country 30 Duval

9. Name and Address of Current Registered Agent

NIPPER, JAMES L.
1818 THE WOODS DR.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: David P. Woody
82 Street Address (P.O. Box Number is Not Acceptable): 7525 Sharbeth Drive South
83
84 City: Jacksonville FL 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David P. Woody — David P. Woody — May 14, 1995
Signature, typed or printed name of registered agent and title if applicable (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	PD — XX Change ☐ Addition
NAME	CORRELL, HARRY B.	1.2 NAME	David P. Woody
STREET ADDRESS	8149 W CAYUGA TRAIL	1.3 STREET ADDRESS	7525 Sharbeth Drive South
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville Florida 32210
TITLE	VD	2.1 TITLE	VD — XX Change ☐ Addition
NAME	ALBRITTON, JOHNNY	2.2 NAME	Sue Boehm
STREET ADDRESS	8457 CASSIE RD.	2.3 STREET ADDRESS	7045 Hyde Grove Avenue
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Florida 32210
TITLE	STD	3.1 TITLE	STD — XX Change ☐ Addition
NAME	BARTMESS, DAVID W.	3.2 NAME	Larry G. Gillis
STREET ADDRESS	589 S EDGEWOOD AVE	3.3 STREET ADDRESS	8211 North Forest Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Florida 32211
TITLE	D	4.1 TITLE	D — XX Change ☐ Addition
NAME	KERR, ANDREW	4.2 NAME	Ray Dickerson
STREET ADDRESS	7317 BUNION DR.	4.3 STREET ADDRESS	4500 Baymeadows Road #269
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32217
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	AP 6/27 — ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: David P. Woody — May 14, 1995 — (904)779-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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