

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32500** (3)  
1. Corporation Name  
**NEW HOPE FELLOWSHIP, INC.**



Principal Place of Business <b>7776 MORSE AVENUE JACKSONVILLE FL 32244</b>	Mailing Address <b>7525 SHARBETH DR. S JACKSONVILLE FL 32210-4757 US</b>
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3. Date Incorporated or Qualified <b>05/25/1989</b>	3a. Date of Last Report <b>02/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3311955</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WOODY, DAVID P 7525 SHARBETH DRIVE SOUTH JACKSONVILLE FL 32210</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WOODY, DAVID P</b>
STREET ADDRESS	<b>7525 SHARBETH DRIVE SOUTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BOEHM, SUE</b>
STREET ADDRESS	<b>7045 HYDE GROVE AVENUE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GILLIS, LARRY G</b>
STREET ADDRESS	<b>8211 NORTH FOREST STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DICKERSON, RAY</b>
STREET ADDRESS	<b>4500 BAYMEADOWS ROAD #269</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Addition
3.2 NAME	<b>STD</b>
3.3 STREET ADDRESS	<b>SHARON WOODY</b>
3.4 CITY-ST-ZIP	<b>7525 SHARBETH DR. S. JACKSONVILLE, FL. 32210</b>
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 do 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.

CR2E037 (9/96)