Applied For

\$8.75 Additional

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34458 1. Corporation Name

NEW HOPE COMMUNITY CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

5351 EDGEWATER DR. ORLANDO FL 32810

21

22

Mailing Address

5351 EDGEWATER DR. ORLANDO FL 32810

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90011 020 ****61.25



Date Incorporated or Qualifed

09/29/1989

59-3044105

FEI Number

23	28					³.	5. Certificate of Status Desired	lieu		Fee Required	
Zip	Country 25	Zip	Cou 30	ntry			Election Campaign Fina Trust Fund Contribution			\$5.00 Added to	
9. Name and Address of Current Registered Agent						10.	. Name and Address of	New	Registered	Agent	
				81	Name						
COLLER, FRED 7244 GRAY SHADOW CT. ORLANDO FL 32818				82	Street	Address (F	P.O. Box Number is Not A	Accept	able)		
				83							
0,,2,,,,,				84	City					85 Zip C	code
									FL,	•	
office or r agent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida. Such change w	as authorized	l bv i	the corpo	corporation oration's b	n submits this statement oard of directors. I hereby	for the acce	purpose of pt the appoi	changing its intment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	NOTE: Registered	Agen	t signature n	equired when	reinstating)		DATE)
12.		AND DIRECTORS	13.		-		ADDITIONS/CHANGES	TO OF	FICERS AN	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETI	E 1.1 Π	ΓŒ			·			Change	☐ Addition
NAME .	COLLER, FRED		1.2 NA	1.2 NAME							
STREET ADDRESS	7244 GRAY SHADOW CT.		1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		1.4 Cr	TY-\$1	r-ziP	_					
TITLE	VD	☐ DELETI	E 2.1 TT	πE						Change	☐ Addition
NAME	COLLER, BRIAN		2.2 NA	ME							
STREET ADDRESS	3328 CALLOWAY ST		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		2. 4 C	TY-S	T-ZIP						
TITLE	STD	DELETI	E 3.1 T∏	RΕ						Change	☐ Addition
NAME	COLLER, SAUNDRA		3.2 NA	ME							į
STREET ADDRESS	7244 GRAY SHADOW CT		3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		3.4, C	TY-S	T-ZIP						
TITLE		☐ DELET	E 4.1 TI	ΓLE						☐ Change	☐ Addition
NAME			4. 2 N	AMÉ							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP		<u></u>	4,4 CI	TY-S1	T-ZIP						
TITLE		☐ DELET								☐ Change	☐ Addition
NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CI		T-ZIP						
TITLE		☐ DELETI								☐ Change	Addition
NAME			6.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP .	cortify that the information supplied		6.4 CI				- 440 07/0V° 51 11 51	.44: -	1.6	differ the state of	-farmati

indicated on this annual report or supplied with his litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

RE REQUIRED