

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37560** (2)
1. Corporation Name
NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC.



Principal Place of Business Mailing Address
5200 OLEANDER AVE
FT. PIERCE FL 34982
US

3. Date Incorporated or Qualified **04/04/1990** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0140173 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, STACI
6007 HICKORY DR.
FT. PIERCE FL 34982

81 Name **Joyce Nix**
82 Street Address (P.O. Box Number is Not Acceptable)
5200 OLEANDER AVE
83 **FORT PIERCE**
84 City **FORT PIERCE** **FL** 85 Zip Code **34982**

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Joyce Nix Treasurer 3/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	treasurer - D
NAME	LUDWIG, STACI	1.2 NAME	Joyce Nix
STREET ADDRESS	6007 HICKORY DR.	1.3 STREET ADDRESS	5200 Oleander Avenue
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	fort Pierce, FL 34982
TITLE	PD	2.1 TITLE	president - D
NAME	LIGHTLE, LINDA	2.2 NAME	David Price
STREET ADDRESS	2513 LIGHTLEWOOD LANE	2.3 STREET ADDRESS	5200 Oleander Avenue
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce FL 34982
TITLE	SD	3.1 TITLE	
NAME	FAVORITE, SUE	3.2 NAME	
STREET ADDRESS	5401 SEAGRAPE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	400001798284
NAME		5.2 NAME	-04/29/96--01035--025
STREET ADDRESS		5.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Nix

3/21/96

Date

Daytime Phone #

CR2E037 (12/95)