

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 5200 OLEANDER AVE
FT. PIERCE FL 34982 FT. PIERCE FL 34982
US US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 04/27/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

NIX, JOYCE
5200 OLEANDER AVE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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	TD <input type="checkbox"/> DELETE
NAME	NIX, JOYCE
STREET ADDRESS	5200 OLEANDER AVE
CITY-ST-ZIP	FT. PIERCE FL 34982
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PRICE, DAVID
STREET ADDRESS	5200 OLEANDER AVE
CITY-ST-ZIP	FT. PIERCE FL 34982
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FAVORITE, SUE
STREET ADDRESS	5401 SEAGRAPE DR
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nix, Joyce
1.3 STREET ADDRESS	5200 Oleander Avenue
1.4 CITY-ST-ZIP	FT. PIERCE FL 34982
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kristin Shaw
4.3 STREET ADDRESS	270 Woodcrest Drive
4.4 CITY-ST-ZIP	Fort Pierce FL 34945
5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barbara Watford
5.3 STREET ADDRESS	2801 Rhode Island Avenue
5.4 CITY-ST-ZIP	Fort Pierce FL 34947
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.

SIGNATURE: _____ TREASURER 9/9/97 561-461-0400

CR2E037 (4/97)