

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90193 003 ****61.25

DOCUMENT # N37560

1. Corporation Name

NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC.

Principal Place of Business

5200 OLEANDER AVE
FT. PIERCE FL 34982
US

Mailing Address

5200 OLEANDER AVE
FT. PIERCE FL 34982
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number

65-0140173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **Jon Goff**

82 Street Address (P.O. Box Number is Not Acceptable)
5200 Oleander Avenue

83

84 City **Ft. 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 *Jon E. Goff*
Signature, typed or printed name of registered agent and title if applicable

Jon E. Goff, Chairman

4/19/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **NIX, JOYCE**
STREET ADDRESS **5200 OLEANDER AVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **TD** ☐ DELETE
NAME **SHAW, KRISTIN**
STREET ADDRESS **270 WOODCREST DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **SD** ☒ DELETE
NAME **WATFORD, BARBARA**
STREET ADDRESS **2801 RHODE ISLAND AVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **Jon Goff**
1.3 STREET ADDRESS **5200 Oleander Avenue**
1.4 CITY-ST-ZIP **Fort Pierce, FL 34982**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Lisa Nelson**
3.3 STREET ADDRESS **5200 Oleander Avenue**
3.4 CITY-ST-ZIP **Ft. Pierce, FL 34982**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Kristin Shaw* **Kristin Shaw, Treasurer 4/19/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-461-0400

CR2E037 (11/98)