

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38938** (9)

1. Corporation Name

**NEW HOPE INDEPENDENT CHURCH OF OSCEOLA COUNTY, F
LORIDA, INC.**

Principal Place of Business

Mailing Address

~~4423 REAVES ROAD
KISSIMMEE FL 34746
US~~~~4423 REAVES ROAD
KISSIMMEE FL 34746-3408~~3. Date Incorporated or Qualified
06/29/19903a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 **809 N. Old Corry Field Rd.**26 **809 N. Old Corry Field Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Pensacola, Florida**

Zip

24 **32506**

Country

25 **USA**

27 City & State

28 **Pensacola, Florida**

Zip

29 **32506**

Country

30 **USA**

4. FEI Number

59-3140422

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DEMOSS, RICHARD F
4423 REAVES RD.
KISSIMMEE FL 34746~~

81 Name

Strong, Richard L. Dr.

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

809 N. Old Corry Field Rd.

83

84 City

Pensacola,**FL**85 Zip Code
32506

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEMOSS, RICHARD F.	
STREET ADDRESS	4423 REAVES RD.	
CITY-ST-ZIP	KISSIMMEE FL	

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Strong, Richard L.	
1.3 STREET ADDRESS	809 N. Old Corry Field Rd	
1.4 CITY-ST-ZIP	Pensacola, Florida 32506	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STRONG, V. L.	
STREET ADDRESS	4423 REAVES RD.	
CITY-ST-ZIP	KISSIMMEE FL	

2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Strong, Virgie L.	
2.3 STREET ADDRESS	809 N. Old Corry Field Rd	
2.4 CITY-ST-ZIP	Pensacola, Florida 32506	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMOSS, RICHARD F	
STREET ADDRESS	6640 TWILIGHT CT.	
CITY-ST-ZIP	DAVENPORT FL	

3.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Strong, Jason L.	
3.3 STREET ADDRESS	809 N. Old Corry Field Rd	
3.4 CITY-ST-ZIP	Pensacola, Florida 32506	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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.

SIGNATURE: **Dr. Richard L. Strong** 1/29/97 (904) 457-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070070

CR2E037 (9/96)