

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43267** (6)

1. Corporation Name  
**NEW HOPE IN HOLINESS CHURCH OF GOD APOSTOLIC, IN C.**



Principal Place of Business: 7317 SW 45TH PLACE, APT #B, GAINESVILLE FL 32608  
Mailing Address: 7317 SW 45TH PLACE, APT #B, GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 05/07/1991  
3a. Date of Last Report: 08/03/1995  
4. FEI Number: 59-3158952  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: BRENNAN, WALTER L., 7317 SOUTHWEST 45TH PLACE, APT #B, GAINESVILLE FL 32608  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) City (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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, WALTER	1.2 NAME	
STREET ADDRESS	7317 SW 45TH PLACE, APT #B	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOSEPHINE	2.2 NAME	
STREET ADDRESS	1230 SW 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHUM, ROSA	3.2 NAME	
STREET ADDRESS	740 NE 23RD AVE., APT 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32628	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, JOHNNIE MAE	4.2 NAME	
STREET ADDRESS	2841 NE 7TH STREET, APT #C	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CARLA BOSWELL	5.2 NAME	
STREET ADDRESS	3267 NE 48TH COURT, APT #D	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Walter L Brennan DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)