


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43267 (6) 1. Corporation Name NEW HOPE IN HOLINESS Church of God Apostolic, Inc.			
Principal Place of Business 9185 NE Jacksonville Rd. Anthony, FL 32617		Mailing Address P.O. Box 608 Anthony, FL 32617-8608	

FILED
97 JUL 31 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1991		3a. Date of Last Report 4/29/96	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 059-3158952		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Brennan, WALTER L. 4781 NE 32nd Lane #1 Silver Springs, FL				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOC	1.1 TITLE	D
NAME	Walter L. Brennan	1.2 NAME	GENEVE TUGGERSON
STREET ADDRESS	4781 NE 32nd Lane	1.3 STREET ADDRESS	Rt. 1, Box 760
CITY-ST-ZIP	Silver Springs, FL	1.4 CITY-ST-ZIP	Anthony, FL 32617
TITLE	D	2.1 TITLE	
NAME	Josephine Griffin	2.2 NAME	
STREET ADDRESS	2865 NE 7th St. Apt. C	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34470	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	Rosa Mitchum	3.2 NAME	
STREET ADDRESS	340 NE 23rd Ave. Apt. 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32628	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Johnnie Mae Chisholm	4.2 NAME	
STREET ADDRESS	2241 NE 7th St. Apt. B	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34470	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	Carla Bowell Brown	5.2 NAME	
STREET ADDRESS	3067 NE 4th St. Apt. D	5.3 STREET ADDRESS	
CITY-ST-ZIP	Silver Springs, FL 34470	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	OVEDIA A. Lewis	6.2 NAME	
STREET ADDRESS	Rt. 1, Box 759	6.3 STREET ADDRESS	
CITY-ST-ZIP	Anthony, FL 32617	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: Walter L. Brennan 7/10/97 (352) 236-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WALTER L. BRENNAN

CR2E037 (9/96)