


8-19-97 B-8209 C  
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  
Aug 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000782 (4)**  
1. Corporation Name  
**NEW HOPE MINISTRIES CHURCH INC.**



Principal Place of Business <b>P O BOX 51341 #928 JACKSONVILLE FL 32240-341 US</b>	Mailing Address <b>P O BOX 51341 #928 JACKSONVILLE FL 32240-341 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1992</b>	3a. Date of Last Report <b>08/01/1996</b>
4. FEI Number <b>59-3161402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**BOOR, PAVEL  
217 NORTH 16TH AVE  
JACKSONVILLE FL 32250-7434**

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 <b>POT</b>	<input type="checkbox"/> DELETE
NAME <b>BOOR, PAVEL</b>	
STREET ADDRESS <b>217 NORTH 16TH AVE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>BOOR, ANN E</b>	
STREET ADDRESS <b>217 NORTH 16TH AVE.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>BARWIG, CYNTHIA</b>	
STREET ADDRESS <b>226 NORTH 16TH AVE. #138</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>SDT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PATTERSON, SARAH C</b>	
STREET ADDRESS <b>217-16TH AVE. N. #B</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
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 <b>SDT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Diana Okamoto</b>	
1.3 STREET ADDRESS <b>217 North 16th Ave</b>	
1.4 CITY-ST-ZIP <b>Jacksonville FL 32250</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 \_\_\_\_\_ DATE **8/14/1997**

CR2E037 (4/97)