


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000000733 (6)**

1. Corporation Name

HOPE METROPOLITAN COMMUNITY CHURCH, INC.



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| Principal Place of Business 2301 NORTH ATLANTIC BLVD. DAYTONA BEACH FL 32118 | Mailing Address P.O. BOX 15151 DAYTONA BEACH FL 32115-5151 US |
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|---|--|----------------------------------|--|---|--|--|--|
| 2. Principal Place of Business 21 320 Harvey Ave. | | 2a. Mailing Address 25 | | 3. Date Incorporated or Qualified 02/18/1993 | | 3a. Date of Last Report 04/12/1996 | |
| Suite, Apt. #, etc. 22 Suite A | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3026895 | | Applied For Not Applicable | |
| City & State 23 Daytona Beach, FL | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 32118 | | Country 25 Volusia | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent RUSSELL J. VAN ALLEN 2987 S. ATLANTIC #903 DAYTONA BEACH SHORES FL 32118 | | | | 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|--|--|---|------------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | STEELE, STEVEN REV | | | 1.2 NAME | Robert C. Hellermann | | |
| STREET ADDRESS | 823 N OLEANDER AVE | | | 1.3 STREET ADDRESS | 431 N. County Rd. 415 | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 1.4 CITY-ST-ZIP | New Smyrna Beach, FL - 32168 | | |
| TITLE | VM | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WILMER IRA REBOLA | | | 2.2 NAME | EreTchen Martin | | |
| STREET ADDRESS | 145 N. HILIFAX AVE #804 | | | 2.3 STREET ADDRESS | 912 Magnolia | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 2.4 CITY-ST-ZIP | New Smyrna Beach, FL - 32168 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATSON, JAMIE | | | 3.2 NAME | | | |
| STREET ADDRESS | P O BOX 411 NA | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOLLY ANN SCOTT | | | 4.2 NAME | | | |
| STREET ADDRESS | 1429 PRIMROSE LN. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLY HILL FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MURPHY, BILL | | | 5.2 NAME | | | |
| STREET ADDRESS | 1509 PRIMROSE LN | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLY HILL FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VAN ALLEN, RUSS | | | 6.2 NAME | | | |
| STREET ADDRESS | 2987 S ATLANTIC AVENUE #903 | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 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.

CR2E037 (9/96)