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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State ., DIVISION OF CORPORATIONS

DOCUMENT # N9300000733 (6)

HOPE METROPOLITAN COMMUNITY CHURCH, INC.				SECRETARY	OF STATE
Principal Plac	ce of Business	Mailing Address			1811 <b>88</b> 11 1 <b>88</b> 11 1 <b>88</b> 11 1 <b>881</b> 1 1 <b>881</b>
OOD HADVEY	ALIT*	P.O. BOX 15151		2.24	
320 HARVEY A	AVE.	DAYTONA BEACH FL 32115		3. Date Incorporated or Qualified 02/18/1993	
DAYTONA BEA	ACH FL 32118	US		4. FEI Number	Applied For
US				59-3026895	Not Applicable
2. Principal F	Place of Business S. Rinda ewood Ave	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Star 23 DA//	TONIA BRACHEL	City & State		7. Is this nonprofit corporation a hor	meowners association? Yes X No
Zip	Country	Zip	Country	This corporation owes or has pair	
24 32	1/4 25 VOIUSIA	29 3	0	Personal Property Tax due June	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	3ettu D. Sout	·h
	J. VAN ALLEN		82 Street	ddress (P.O. Box Number is Not Acceptabl	e)
	TLANTIC #903		83	100 BRIAN A	ve
DATIONA	BEACH SHORES FL 32118				
			84 City	S. DAUTONA	FL 85 Zip Code
11. Pursuant i	to the provisions of sections 617.0502 an	d 617.1508, Florida Statutes, th	e above-named corporated by the corporate	oration submits this statement for the purpo ation's board of directors. I hereby accept th	se of changing its registered e appointment as registered
0,,,00		Torida, Oder, Grango nao adar.	on Econ by and conpen-		
agent. I ai	m familiar with, and accept the obligation	is of, section 617.0503, Florida	Statutes.	3	15/98
agent. I ai	Dolla Souts	A			0/13/10
SIGNATURE	Signature, typed or plinied name of registered agent ar	A ditte if applicable. (NOTE:	Registered Agent signature	required when reinstating)	D/13//0
	Dolla Souts	nd title if applicable. (NOTE: DIRECTORS			CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or pylnied name of registered agent ar OFFICERS AND	A ditte if applicable. (NOTE:	Registered Agent signature	required when reinstating)	D/13//0
SIGNATURE  12.  TITLE  NAME	Signature, typed or plinied name of registered agent ar OFFICERS AND D HELLERMAN, ROBERT C.	nd title if applicable. (NOTE: DIRECTORS	Registered Agent signature 13. 1.1 TITLE	required when reinstating)	CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or pylnico name of registered agent at OFFICERS AND DHELLERMAN, ROBERT C. 431 N. COUNTY RD., 415	nd title if applicable. (NOTE: DIRECTORS	Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstating)  ADDITIONS/CHANGES TO OFFIG	CERS AND DIRECTORS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or pylnischame of registered egent ar OFFICERS AND D HELLERMAN, ROBERT C. 431 N. COUNTY RD., 415 NEW SMYRNA BEACH FL D	nd title if applicable. (NOTE: DIRECTORS	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or pylnischame of registered agent ar OFFICERS AND D HELLERMAN, ROBERT C. 431 N. COUNTY RD., 415 NEW SMYRNA BEACH FL D GRETCHEN, MARTIN	rd title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	D-CIERK MARIAMORRISON 1140 5. Ridgewood F	Change Addition  Change Addition  According Addition
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14. I 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Sold Signature and typed or printed name of signific officer or director