

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90015 026 ****61.25

DOCUMENT # N93000000733

1. Corporation Name

HOPE METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

500 S. RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address

P.O. BOX 15151
DAYTONA BEACH FL 32115
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 500 S. Ridgewood Ave

27 Suite, Apt. #, etc.

28 City & State

Daytona Beach, Fl

29 Zip

32114

30 Country

US

3. Date Incorporated or Qualified

02/18/1993

4. FEI Number

59-3026895

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOUTH, BETTY D
2100 BRIAN AVE
S. DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

JAMES W. PETERS

82 Street Address (P.O. Box Number is Not Acceptable)

500 S. Ridgewood Ave.

83

84 City

Daytona Beach FL

85 Zip Code

32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-1-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME HELLMAN, ROBERT C.
STREET ADDRESS 431 N. COUNTY RD., 415
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE DC
NAME MORRISON, MARIA
STREET ADDRESS 1140 S. RIDGEWOOD AVE., APT 120
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D
NAME ASHLEY, MARLENE M
STREET ADDRESS 500 S. RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DT
NAME SOUTH, BETTY D
STREET ADDRESS 122 HICKORY LANE
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
EDITH WILLIAMS
1869 SABAL PALM DR.
EDGEWATER FL 32141

DST
JAMES W. PETERS
1401 S. PALMETTO AVE. #201
DAYTONA BEACH FL 32114

DP
REV. JAMES M. LYNCH
75 BROOKWOOD DR.
ORMOND BEACH, FL 32174

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, with all other like empowered.

SIGNATURE: JAMES W. PETERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-99

Date

904/254-0913

Daytime Phone #

CR2E037 (11/98)