

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90042 031 ****61.25

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1. Corporation Name

NEW HOPE ASSEMBLY, INC.

Principal Place of Business

3601 CYPRESS GARDENS ROAD
SUITE G
WINTER HAVEN FL 33884
US

Mailing Address

3601 CYPRESS GARDENS ROAD
SUITE G
WINTER HAVEN FL 33884
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

59-3187255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

RONALD J. BOS,
1107 FIFTH STREET, SE.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Robert Hedges

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

2532 Partridge Dr.

83

84 City

Winter Haven

FL

85 Zip Code

33884

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)

DATE

Robert Hedges, Trustee 2/21/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
RONALD J. BOS,
1107 FIFTH STREET, S.E.
WINTER HAVEN FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
BILL SHEFFIELD,
2420 WILDWOOD CT.
WINTER HAVEN FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT HEDGES,
2532 PARTRIDGE DR.
WINTER HAVEN FL 33884TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Keith Klepper
102 Lake Thomas Dr.
Winter Haven, FL 338802.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/99

Date

(941) 324-1979

Daytime Phone #

CR2E037 (11/98)