

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:34

DOCUMENT # **N93000002320 (0)**

1. Corporation Name

NEW HOPE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

414 KING STEET
OVIEDO FL 32765

1413 PYLEWOOD ST 3
FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/17/1993** 3a. Date of Last Report **09/13/1994**
4. FEI Number **59-3183249** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **1413 Pylewood st.**
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCH, CAROL A
1413 PYLEWOOD ST 3
FERN PARK FL 32730

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1413 Pylewood St.**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Carol A. Koch*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOCH, CAROL
STREET ADDRESS	1413 PYLEWOOD ST 3
CITY - ST - ZIP	FERN PARK FL
TITLE	S
NAME	CINTRON, AUDREY
STREET ADDRESS	1002 HENSON CT
CITY - ST - ZIP	OVIEDO FL
TITLE	T
NAME	BAKER, JIM
STREET ADDRESS	P.O. BOX 752 N/A
CITY - ST - ZIP	GOLDENROD FL
TITLE	V
NAME	WALKER, DAVID
STREET ADDRESS	3012 HAZLETON PL
CITY - ST - ZIP	OVIEDO FL
TITLE	D
NAME	FOX, JOHN
STREET ADDRESS	3585 JERCHO DR
CITY - ST - ZIP	CASSELBERRY FL
TITLE	D
NAME	CARTLEDGE, SHIRLY
STREET ADDRESS	2880 TUSKAWILLA RD
CITY - ST - ZIP	OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1413 Pylewood St.
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Carol A. Koch* *Carol A. Koch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

868-5258