## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # N9300002320 (0)

•				
NEW	HOPE	CHRISTIAN	FELLOWSHIP,	INC.

Principal Place of Business Mailing Address		Mailing Address		t indition and indition and in court and in ability and		Phile Bain mains nikse tine nan san san inde	
414 KING STEET OVIEDO FL 32765			FERN PARK FL 32730-2450				
		US			3. Date Incorporated or Qualified 05/17/1993	3a. Date of Last Report 03/04/1996	
t-m ' t-m		2a. Mailing Address	ddress		4. FEI Number 59-3183249	Applied For	
Suite, Apt # etc.		26   Suite, Apt. #, etc.			\$9.75 Additional		
22		27	h		5. Certificate of Status Desired	Fee Required	
City & State		City & State	····¬ '		6. Election Campaign Financing	\$5.00 May Be	
<b>[23</b> ] Ζιρ			Countr		Trust Fund Contribution	Added to Fees	
24	25	<b>}-</b> -~¬	30	,	8. This corporation has liability for Florida Statutes	Yes No	
	9. Name and Address of Cur	rent Registered Agent		<del></del>	10. Name and Address of New Re	gistered Agent	
1/00/1 0			81	Name			
KOCH, C	arol a /ewood street		82	82 Street Address (P.O. Box Number is Not Acceptable)			
į.	RK FL 32730		83	,			
16.11716.	700 T E 02700		84	1 0:51		Ter Tip Codo	
		. <u> </u>		<u> </u>		FL 85 Zip Code	
Office or re	edistered agent, or both, in the Sta	ate of Florida. Such change was a	authorized b	v the corpo	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered	
agerit Lan	n familiar with, and accept the ob	oligations of, Section 617.0503, Flo	orida Statute	S.		he and make an income and in Singara .	
SIGNATURE	Signature, typied or preced name of legistered	I nont and title if applicable (NOT	F Registered Ag	ent singature r	equired when reinstating)	DATE	
12.		AND DIRECTORS	13.	or a signature	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	PD	XX DELETE	1.1 TITLE		PD. ROBERT GUSTAI 336 MURCOTT D OVIEDO, FL. 32	Change Addition	
NAME	KOCH, CAROL		1.2 NAME	i	ROBERT GUSIHI	~50 M	
STREET ADDRESS	1413 PLYEWOOD ST. FERN PARK FL		- 1	I ADDRESS	326 MURCOTT D	رو. میسا	
101Y - S1 - ZIP	S S	DELETE	1.4 CITY - 1 2.1 TITLE	31-249	OVIEDO, FL. 32	Change Addition	
NAME	CINTRON, AUDREY	_	2.2 NAME	1			
STHEET ADDRESS	1002 HENSON CT		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	OVIEDO FL		2 4 CITY-	ST-ZIP	·		
TITLE	T INTO III	☐ DELETE	31 TITLE	1		Charge Addition	
NAME STHEFT ADDRESS	Baker, Jim P.O. Box 752 N/A		3.2 NAME	T ADDRESS			
CHY-ST-ZIP	GOLDENROD FL		3.4 CITY-	1			
TITLE	V	DELETE	4 1 TITLE		V.	Change	
NAME	WALKER, DAVID		4. 2 NAME	1	CAROL KOCH	- -	
STREET ADDRESS	3012 HAZLETON PL		4.3 STREE	T ADDRESS	1413 PLYEWOOD FERN PARK, FL	STI	
CHY-S7-ZIP	OVIEDO FL	DELETE	4.4 CITY-	57 - ZIP	FERN PARK, TL	33'730 ☐ Change ☐ Addition	
TITLE	D Fox, John	[] (/LLL IC	5.1 TITLE 5.2 NAME	}		Fill pligtings   Fill wordson	
STREET ADDRESS	3585 JERICHO DR		1	T ADDRESS			
CITY - ST - ZIP	CASSELBERRY FL		5.4 CITY-1	1			
TITLE	D	DELETÉ	6.1 TITLE			☐ Change ☐ Addition	
NAME	CARTLEDGE, SHIRLY		62 NAME				
STREET ADDRESS	2660 TUSKAWILLA RD		•	1 ADDRESS			
14. Ldo hereb	OVEDO FL  ex certify that the information sund	blied with this filing does not qualif	6.4 CITY-:	emption eta	ated in Section 119.07(3)(i), Florida Statute	oo I further certify that the	
l information	ri indicated on this annual report of	or supplemental annual report is ti	rue and acc	urate and t	that my signature shall have the same lega	al effect as if made under oath; that	
appears in	Block 12 or Block 13 if changed	I or on an atlachment with an add	dress.	Jule triis (e	port as required by Chapter 617, Florida 5	statutes, and that my harre	