

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 24 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000002320 (0)
 1. Corporation Name
 NEW HOPE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business: 414 KING STEET, OVIEDO FL 32765
 Mailing Address: 1413 PLYWOOD ST., FERN PARK FL 32730 US

3. Date Incorporated or Qualified: 05/17/1993
 4. FEI Number: 59-3183249
 Applied For: Not Applicable

21. Principal Place of Business: 7565 RED BUCKLAK, RD., OVIEDO FL 32765
 22. Suite, Apt. #, etc.: RD.
 23. City & State: OVIEDO FL
 24. Zip: 32765, Country: SEMINOLE
 25. Mailing Address: 3585 JERICHO DR, CASSELBERRY FL, 32707, Country: SEMINOLE

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 KOCH, CAROL A
 1413 PLYWOOD STREET
 FERN PARK FL 32730

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: GUSTAFSON, ROBERT STREET ADDRESS: 326 MURCOTT DR CITY-ST-ZIP: OVIEDO FL	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: CINTRON, AUDREY STREET ADDRESS: 1002 HENSON CT CITY-ST-ZIP: OVIEDO FL	<input checked="" type="checkbox"/> DELETE
TITLE: T NAME: BAKER, JIM STREET ADDRESS: P.O. BOX 752 N/A CITY-ST-ZIP: GOLDENROD FL	<input checked="" type="checkbox"/> DELETE
TITLE: V NAME: KOCH, CAROL STREET ADDRESS: 1413 PLYWOOD ST CITY-ST-ZIP: FERN PARK FL	<input type="checkbox"/> DELETE
TITLE: D NAME: FOX, JOHN STREET ADDRESS: 3585 JERICHO DR CITY-ST-ZIP: CASSELBERRY FL	<input type="checkbox"/> DELETE
TITLE: D NAME: CARTLEDGE, SHIRLY STREET ADDRESS: 2660 TUSKAWILLA RD CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD RICHARD KELLER 1.2 NAME: 1.3 STREET ADDRESS: 1047 NEELY ST. 1.4 CITY-ST-ZIP: OVIEDO, FL. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: CINTRON, AUDREY 2.2 NAME: 2.3 STREET ADDRESS: P.O. BOX 121135 CIRCLE 2.4 CITY-ST-ZIP: OVIEDO, FL. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: CINTRON, AUDREY 3.2 NAME: 3.3 STREET ADDRESS: P.O. BOX 121135 CIRCLE 3.4 CITY-ST-ZIP: OVIEDO, FL. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 7000026241 5.2 NAME: 5.3 STREET ADDRESS: -08/25/98--01010--038 5.4 CITY-ST-ZIP: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Audrey G. Cintron 7/28/98 (407) 366-2122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)

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