FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N93000005742 (2)

1. Corporation Name

NEW HOPE NEW FAITH MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
2824 BOTANY PLACE TALLAHASSEE FL 32301-7117	PO BOX 6265 TALLAHASSEE FL 32314

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 07/13/1995

2. Principal Place of Business
21 3974 Novey Circle
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL
24 Zip: 32311 25 Country: USA

2a. Mailing Address
26 P.O. Box 6265
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FL
29 Zip: 32314 30 Country: USA

4. FEI Number: 59-3227494 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes No

9. **Name and Address of Current Registered Agent**

BOSTIC, GLENN F
2824 BOTANY PLACE
TALLAHASSEE FL 32301-7117

10. **Name and Address of New Registered Agent**

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOSTIC, GLENN F	
STREET ADDRESS	2824 BOTANY PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	☐ DELETE
NAME	BOSTIC, DEBORAH C	
STREET ADDRESS	2824 BOTANY PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	☐ DELETE
NAME	LYNN, GWENDOLYN R	
STREET ADDRESS	1328 COLEMAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	☐ Change ☒ Addition
1.2 NAME	Triplett, Anthony	
1.3 STREET ADDRESS	41 D Street	
1.4 CITY-ST-ZIP	Lowell, MA 01852	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	600001817566	
4.3 STREET ADDRESS	-05/13/96--01010--027	
4.4 CITY-ST-ZIP	***70.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96 OR

CR2E037 (12/95)

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 119.07(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: Gwendolyn R. Lynn - Treasurer 4/30/96 (904) 574-3452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gwendolyn R. Lynn