

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY -1 AM 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N93000005742 (2)

1. Corporation Name

NEW HOPE NEW FAITH MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

3974 NOVEY CIRCLE  
TALLAHASSEE FL 32311  
US

PO BOX 6265  
TALLAHASSEE FL 32314-6265

3. Date Incorporated or Qualified  
12/22/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BOSTIC, GLENN F  
STREET ADDRESS 2824 BOTANY PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

600002167926--5  
-05/06/97--01104--002

TITLE VD ☐ DELETE

NAME BOSTIC, DEBORAH C  
STREET ADDRESS 2824 BOTANY PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE TD ☐ DELETE

NAME LYNN, GWENDOLYN R  
STREET ADDRESS 1328 COLEMAN STREET  
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME TRIPLETT, ANTHONY  
STREET ADDRESS 41 D STREET  
CITY-ST-ZIP LOWELL MA 01852

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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: *Gwendolyn R. Lynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

may 1, 1997 604574-3952  
Date Daytime Phone #0006577

CR2E037 (9/96)