

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000000803 (6)**

1. Corporation Name

NEW HOPE CHURCH OF GOD IN CHRIST OF ORLANDO, INC



Principal Place of Business

Mailing Address

1410 WEST 30TH STREET
ORLANDO FL 32805

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ORLANDO FL 32805

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-0938130

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

**HENDERSON, LOUIS J R.
4645 W CONLEY ST
ORLANDO FL 32811**

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 **DC** DELETE
NAME **HENDERSON, LOUIS**
STREET ADDRESS **4645 W. CONLEY ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

1.1 TITLE **D** Change Addition
1.2 NAME **Corey Johnson**
1.3 STREET ADDRESS **907 Washington St.**
1.4 CITY-ST-ZIP **Orlando, Fla. 32811**

TITLE **D** DELETE
NAME **HENDERSON, CASSANDRA**
STREET ADDRESS **4645 W. CONLEY ST.**
CITY-ST-ZIP **ORLANDO FL 32811**

2.1 TITLE **D** Change Addition
2.2 NAME **Theresa Johnson**
2.3 STREET ADDRESS **907 Washington St.**
2.4 CITY-ST-ZIP **Orlando, Fla. 32811**

TITLE **D** DELETE
NAME **RANDALL, KENNETH**
STREET ADDRESS **1740 S. RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO FL 32805**

3.1 TITLE **D** Change Addition
3.2 NAME **Mattie Williams**
3.3 STREET ADDRESS **4546 Malibu St.**
3.4 CITY-ST-ZIP **Orlando, Fla. 32811**

TITLE **D** DELETE
NAME **RANDALL, TAMMIE**
STREET ADDRESS **1740 S. RIO GRANDE AVE.**
CITY-ST-ZIP **ORLANDO FL 32805**

4.1 TITLE **D** Change Addition
4.2 NAME **Joel Ross**
4.3 STREET ADDRESS **4766 Cross Roads Ct.**
4.4 CITY-ST-ZIP **Orlando, Fla. 32811**

TITLE **D** DELETE
NAME **MITCHELL, ROBERT**
STREET ADDRESS **112 HOPE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32811-1**

5.1 TITLE **D** Change Addition
5.2 NAME **Robin Ross**
5.3 STREET ADDRESS **4766 Cross Rd. Ct.**
5.4 CITY-ST-ZIP **Orlando, Fla. 32811**

TITLE **D** DELETE
NAME **MITCHELL, BARBARA**
STREET ADDRESS **112 HOPE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32811-1**

6.1 TITLE Change Addition
6.2 NAME **900001788709**
6.3 STREET ADDRESS **-04/22/96--01046--002**
6.4 CITY-ST-ZIP *****\$61.25**

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 to this report.

SIGNATURE: *Cassandra Henderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 296-6400
Date Daytime Phone

CR2E037 (12/95)