## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400000803

1. Corporation Name

NEW HOPE CHURCH OF GOD IN CHRIST OF ORLANDO, INC



02-24-1999 90056 034 \*\*\*\*61.25

Principal Place of Business Mailing Address					
1410 WEST 30	TH STREET	1410 WEST 30TH STREET			H KROBINEN END KONN ENDIK DOMA DOMA DOMA DOMA DOMA DOMA DOMA DOMA
ORLANDO FL		ORLANDO FL 32805			
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					3. Date Incorporated or Qualifed
Principal Place of Business     2a. Mailing Address					02/14/1994
21		26			4. FEI Number Applied For
Suite, Apt.	#, etc.	<b>⊢</b> ' ' '	Suite, Apt. #, etc.		59-0938130 Not Applicable
22		City & State			\$8.75 Additional
City & State		City & State			5. Certificate of Status Desired Fee Required
23	Zip Country Zip		Country		
Zip	Country	<b>⊢</b>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
24	24 25 29 30				10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				Name	10. Name and Address of Nov. Hogers on Agent
			81	, ttainio	
HENDERSON, LOUIS J R.			82	Street	Address (P.O. Box Number is Not Acceptable)
4645 W CONLEY ST			02		,
ORLANDO	FL 32811		83		·
			84	City	85 Zip Code
			i_	<u> </u>	FL 18 25 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 as authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the dispolation's board of directors. Thereby 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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ DELETE	1.1 TITLE		Change Addition
NAME	HENDERSON, LOUIS		1.2 NAME		,
STREET ADDRESS	4645 W. CONLEY ST.		1.3 STREE	TADORESS	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-S	T-ZIP	
TITLE	D	C DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, CASSANDRA		2.2 NAME		
STREET ADDRESS	4645 W. CONLEY ST. 238		2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
TITLE			3.1 TITLE		☐ Change 🔀 Addition
NAME	VINSON, ERICA	·	3.2 NAME		Dobin Boss
STREET ADDRESS	3024 N. POWERS DRIVE, #14		3.3 STREE	T ADDRESS	7417 W. 30th Street
CITY-ST-ZIP	ODI ANDO EL OCOTO		3.4, CITY-1	ST-ZIP	Robin Ross 1417 W. 30th Street Orlando, FL. 32805
TITLE	DOBS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ON, DARRELL ELIJAH		4. 2 NAME		
STREET ADDRESS	700 GROVE AVE.			TADDRESS	
	ORLANDO FL 32805		4.4 CITY-5		
CITY-ST-ZIP	C	X DELETE	5.1 TITLE	) 1 - ZIF	☐ Change X Addition
TITLE	KILGORE, DEBORAH	<b>~</b> ₩ ~~~~~	5.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS	1826 WHITNEY WAY, #202		5.4 CITY-S		
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	6.1 TITLE		Change ☐ Addition
TITLE	S BOOKE BOOK				Rosie Cooper 6925 Thousand OAK Rd Orlando, Fla. 32818
NAME	COOPER, ROSIE		6.2 NAME	TADDRESS	1025 Thousand OAK Rd
STREET ADDRESS	1436 KURUME CT.		-		501 1 TIA 20818
CITY-ST-ZIP	ORLANDO FL 32818		6.4 CTY-5	ST-ZIP	Oklando, Ha. 32010

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1 /4/99 Date

Daytime Phone #

R2E037 (11/9)