

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90200 044 ****61.25

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1. Corporation Name

NEW HOPE MINISTRIES OF TALLAHASSEE, INC.

Principal Place of Business

**4318 SHERBORNE ROAD
TALLAHASSEE FL 32303**

Mailing Address

**4318 SHERBORNE ROAD
TALLAHASSEE FL 32303**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3226724

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROESSLER, RONALD REV
4318 SHERBORNE ROAD
TALLAHASSEE FL 32303**

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 **ROESSLER, RONALD REV.**
STREET ADDRESS **4318 SHERBORNE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **BLOUNT, EUGENE M**
STREET ADDRESS **ROUTE 1, BOX 1772**
CITY-ST-ZIP **HAVANA FL 32333**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PHILLIPS, FRANKLIN D**
STREET ADDRESS **4211 WOODHILL COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☒ Addition
STREET ADDRESS **D Ashburn, Gary**
CITY-ST-ZIP **91 Rock Landing Rd.**
Panacea, FL 32346

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Franklin D Phillips

1/19/99 (850) 562-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)