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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005752 (0)

1. Corporation Name

NEW HOPE CHRISTIAN SCHOOL OF PUTNAM COUNTY, INC.



Principal Place of Business	Mailing Address
ROUTE 1, BOX 2680, ROBERTS LANE PALATKA FL 32177	ROUTE 1, BOX 2680, ROBERTS LANE PALATKA FL 32177-9726

3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business	2a. Mailing Address
21 Rt 2, Box 484-X	26 P.O. Box 427
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Interlachen, Fl.	27
City & State	City & State
23 32148	28 Palatka, Fl.
Zip	Zip
Country	Country
25 Putnam	29 32178
30 Putnam	

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
NATALE, VERAJEAN ROUTE 1, BOX 2680, ROBERTS LANE PALATKA FL 32177	
81 Name	NATALE, VERAJEAN
82 Street Address (P.O. Box Number is Not Acceptable)	Rt 2, Box 484-X
83	
84 City	Interlachen
85 Zip Code	FL 32148

10. Name and Address of New Registered Agent	
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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 Verajean Natale **4-16-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	NATALE, VERAJEAN
STREET ADDRESS	ROUTE 1, BOX 2680, ROBERTS LANE
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input type="checkbox"/> DELETE
NAME	NATALE, CYR J
STREET ADDRESS	ROUTE 1, BOX 2680, ROBERTS LANE
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOANNA
STREET ADDRESS	716 JACK ROAD
CITY-ST-ZIP	BOSTWICK FL 32007
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Rt 2, Box 484-X
1.4 CITY-ST-ZIP	Interlachen, Fl. 32148
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Rt 2, Box 484-X
2.4 CITY-ST-ZIP	Interlachen, Fl. 32148
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trustee
3.3 STREET ADDRESS	Guy H. Wasko
3.4 CITY-ST-ZIP	P.O. Box 800172 (N/A)
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Toccoa, GA. 30598
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)