


FILE NOW: FILING FEE IS \$61.25

FILED
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 ROUTE 1, BOX 2660, ROBERTS LANE PALATKA FL 32177	Mailing Address ROUTE 1, BOX 2660, ROBERTS LANE PALATKA FL 32177-9726
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3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business Rt 2, Box 484-X	2a. Mailing Address P.O. Box 427
22. Suite, Apt. #, etc. Interlachen, Fl.	27. Suite, Apt. #, etc.
23. City & State 32148	28. City & State Palatka, Fl.
24. Zip Putnam	29. Zip 32178
Country Putnam	30. Country Putnam

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" 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 2660, ROBERTS LANE
PALATKA FL 32177**

10. Name and Address of New Registered Agent

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

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 (NOTE Registered Agent signature required when reinstating) DATE **4-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE NATALE, VERAJEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NATALE, VERAJEAN		1.2 NAME	
STREET ADDRESS ROUTE 1, BOX 2660, ROBERTS LANE		1.3 STREET ADDRESS	Rt 2, Box 484-X
CITY-ST-ZIP PALATKA FL 32177		1.4 CITY-ST-ZIP	Interlachen, Fl. 32148
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE NATALE, CYR J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NATALE, CYR J		2.2 NAME	
STREET ADDRESS ROUTE 1, BOX 2660, ROBERTS LANE		2.3 STREET ADDRESS	Rt 2, Box 484-X
CITY-ST-ZIP PALATKA FL 32177		2.4 CITY-ST-ZIP	Interlachen, Fl. 32148
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, JOANNA		3.2 NAME Guy H. Wasko	
STREET ADDRESS 716 JACK ROAD		3.3 STREET ADDRESS P.O. Box 800172 (N/A)	
CITY-ST-ZIP BOSTWICK FL 32007		3.4 CITY-ST-ZIP Toccoa, GA. 30598	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)