FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CfTY+ST-7/P

DOCUMENT # N9500002964 (3)

HOPE FELLOWSHIP FULL GOSPEL BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 11876 POST OFFICE BOX 11876 DAYTONA BEACH FL 32120-1876 DAYTONA BEACH FL 32120-1876 3. Date Incorporated or Qualified 06/22/1995 3a. Date of Last Report 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{ip} Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRIPLETT, DEREK T 82 Street Address (P.O. Box Number is Not Acceptable) 1734 STATE AVENUE HOLLY HILL FL 32117 83 84 City 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TITLE 1.1 TITLE Change Addition triplett, derek t NAME 1.2 NAME 1934 STATE AVENUE **POST OFFICE BOX 11876** 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32120-1876 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ TITLE 2.1 TITLE Change Addition JONES, DAVID NAME 2.2 NAME 1421 PEACHTREE ROAD STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME Brown, Ronald 3.2 NAME 694 LONE OAK DRIVE 1423 NEW BELLEVUE ROAD NO. 1903 STREET ADDRESS 3.3 STREET ADDRESS DARY DRANGE FL 32127 DAYTONA BEACH FL 32114 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition . TITLE 4.1 TITLE NAME 4 2 NAME 424 SHADY PLACE DAYTONA BEACH FL STREET ADDRESS 4.3 STREET ADDRESS 32114 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TOTLE 6.1 TITLE Change Addition NAME 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

REQUIRED