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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000004142

1. Corporation Name

HOPE BIBLE BAPTIST CHURCH INCORPORATED

Principal Place of Business

16820 N.W. 18TH AVE.
CAROL CITY FL 33056
US

Mailing Address

17021 N.W. 18TH AVE.
CAROL CITY FL 33056
US



2. Principal Place of Business

21 16820 N.W. 18th Ave

Suite, Apt. #, etc.

22

23 Carol City FL

Zip

24 33056

Country

25 DADE

2a. Mailing Address

26 17021 NW, 18 Ave

Suite, Apt. #, etc.

27

28 Carol City FL

Zip

29 33056

Country

30 DADE

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

65-0779800

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, NORMA PASTOR
17021 N.W. 18TH AVENUE
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name

NORMA HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

17021 NW, 18 Ave

83

CAROL CITY

84 City

CAROL CITY FL

85 Zip Code

33056

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 NORMA HARRIS

Signature, typed or printed name of registered agent and title if applicable.

NORMA HARRIS PASTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME BARNES, CAROL
STREET ADDRESS 17640 N.W. 37 AVENUE
CITY-ST-ZIP CAROL CITY FL 33056

TITLE DS ☐ DELETE

NAME ALVIN, SHAQUIVIA
STREET ADDRESS 611 N.W. 177 STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE DCB ☐ DELETE

NAME HOLMES, WILLIE J
STREET ADDRESS 3140 N.W. 157 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

NORMA HARRIS PASTOR 3/10/99 305-621-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)