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FILED

Jan 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002987 (3)

1. Corporation Name

NEW HOPE FIRST COMMUNITY CHURCH, INC.



Principal Place of Business

Mailing Address

21 S.E. 9TH STREET  
POMPANO BEACH FL 3306021 S.E. 9TH STREET  
POMPANO BEACH FL 33060-88463. Date Incorporated or Qualified  
06/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

Country

4. FEI Number

65-0675004

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIRRMACHER, KURT  
21 S.E. 9TH STREET  
POMPANO BEACH FL 33060

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 D ☐ DELETE  
NAME SCHIRRMACHER, KURT  
STREET ADDRESS 21 S.E. 9TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 330601.1 TITLE DIRECTOR AND TREASURER ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME LOPEZ, JORGE  
STREET ADDRESS 1916 BAYTHORNE ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 334152.1 TITLE DIRECTOR AND PRESIDENT ☐ Change ☐ Addition  
2.2 NAME NEWCOMB JEFF  
2.3 STREET ADDRESS 6951 NORTH FEDERAL HWY LOT 6  
2.4 CITY-ST-ZIP BOCA RATON FL 33433TITLE D ☒ DELETE  
NAME BAHM, GEORGE  
STREET ADDRESS 8155 MIZNER LANE  
CITY-ST-ZIP BOCA RATON FL 334333.1 TITLE DIRECTOR AND VICE PRESIDENT ☐ Change ☐ Addition  
3.2 NAME LINGEN CHARLES  
3.3 STREET ADDRESS 5253 MAGELLAN WAY WEST  
3.4 CITY-ST-ZIP DELRAY BEACH FL 33484TITLE D ☒ DELETE  
NAME MASSEY, TRAVIS  
STREET ADDRESS 3113 PALM DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 334834.1 TITLE DIRECTOR AND SECRETARY ☐ Change ☐ Addition  
4.2 NAME FRISBY RICK  
4.3 STREET ADDRESS 200 MACFALLAND DRIVE APT 504N  
4.4 CITY-ST-ZIP DELRAY BEACH FL 33483TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE DIRECTOR ☐ Change ☐ Addition  
5.2 NAME LARACUENTE DOTTIE  
5.3 STREET ADDRESS 116 SE 13 AVENUE  
5.4 CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT SCHIRRMACHER

DIRECTOR AND TREASURER

954-941-1675  
1-6-97

Daytime Phone # 0025255

CR2E037 (9/96)