FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Jan 20 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

| DOCUMENT # N9600002987 (3) | | | | Secretary of State |
|--|--|-------------------------|------------------------------------|--|
| NEW HOPE FIRST COMMUNITY CHURCH, INC. | | | | |
| | | | | |
| Principal Place of Business Mailing Address | | | | T TROUBLE TO THE CONTROL OF THE CONT |
| 21 S.E. 9TH STREET POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 | | | nen | 3. Date Incorporated or Qualified |
| FOWENING BEN | NOTIFE SUCCE | FUMPANO DERON PE 33 | 000 | 06/03/1996 4. FEI Number Applied For |
| | | | | 65-0675004 Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address | | 5. Certificate of Status Desired S8.75 Additional |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | Suite, Apt. #, etc. | | Fee Required 6. Election Campaign Financing \$5.00 May Be |
| 22 City & Chata | | 27 City & State | | Trust Fund Contribution |
| City & State | | City & State | | 7- Is this nonprofit corporation a homeowners association? |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 30 | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| 81 Name | | | | |
| SCHIRRMACHER, KURT 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 21 S.E. 9TH STREET POMPANO BEACH FL 33060 | | | | |
| i Om Ai | 10 BEA011 1 E 00000 | / | 84 City | 85 Zip Code |
| 11 0 | to the second and of suffer of or on | | | FL `` |
| 11. Pursuant to the provisions of Sections 67.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or form 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 farging with any accept the obligations of Section 67.0503, Florida Statutes. | | | | |
| SIGNATURE THAT I DIWN WIN WIN 1-8-98 | | | | |
| 12. | Signature, typed of prioled name of registered agent OFFICERS AND | | TE. Registered Agent signature 13. | e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DT OFFICERS AND | DELETE | 1.1 TITLE | Change Addition |
| NAME | SCHIRRMACHER, KURT | | 1.2 NAME | - |
| STREET ADDRESS | 21 S.E. 9TH STREET | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | [T] 851 TF | 1.4 CITY-ST-ZIP | |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | L Change Addition |
| NAME | NEWCOMB, JEFF | | 2.2 NAME | |
| STREET ADDRESS | 6951 N FEDERAL HWY LOT 6 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP TITLE | BOCA RATON FL 33433 DV | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | Addition |
| NAME | LINGEN, CHARLES | / | 3.2 NAME | |
| STREET ADDRESS | 5253 MAGELLAN WAY WEST | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | | 3.4, CITY-ST-ZIP | |
| TITLE | DS | DELETE | 4.1 TITLE | Change Addition |
| NAME | FRISBY, RICK | ** | 4. 2 NAME | · |
| STREET ADDRESS | 200 MACFARLAND RIVE, APT 5 | 604N | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | 4.4 CITY - ST-ZIP | |
| TITLE | D | DELETE | 5.1 TITLE | DIESCIOR - VICE PRESIDENT & Change Addition |
| NAME | LARACUENTE, DOTTIE | | 5.2 NAME | |
| STREET ADDRESS | 116 SE 13 AVENUE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | DIRECTOR - SECRETARY |
| NAME | | | 6.2 NAME | GEORGE BAHM |
| STREET ADDRESS | | | STREET ADDRESS | 8155 MIZNER LANE |
| CITY-ST-ZIP | 1 | | 6.4 CITY-ST-ZIP | BOCA RATEN FL 33433 |
| indicated on this annual report or supplied with this filling does not quality fourthe exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an | | | | |
| 14. Thereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on this annual report of supplied with the information indicated on the information indicated in | | | | |

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