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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortisum

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

N96000003215 (8)

NEW HOPE, NEW FAITH CHURCH OF OUR LORD JESUS CHR IST, INC.

	FILE	D
Jul 23	1997	8:00am
Secr	etary	of State

: 	I
	I

Principal Plac	e or Business	Mailing Address			***************************************			I DESCRIPTION
1624 "E" AVEN RIVIERA BEAC		1624 "E" AVENUE RIVIERA BEACH FL 3340)4					
					3. Date Incorporated or Qualified 06/14/1996	Ja. Date	of Last I	Report
	Place of Business	2a. Mailing Address		• •	4. FEI Number		X A	pplied For
21		26			650664426		· •	lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certificate of Status Desired	ш		tequired
City & Stat	le	City & State			6. Flection Caribridge Emercing		\$5.00	May Be
23		26			Trust Fluig Gunner to a			to Fees
Z(p	Country	Zip	Countr	У	8. This corporation has liability for it	ntangible ta	x under :	s 199 032.
24	25	29	30]Yes □		
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Ag	ent	
	/		81	Name				
	LEROY PASTOR /D		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
638 381	TH STREET							i
WEST F	PALM BEACH FL 33407		83					
			84	City			ne 2	A
				' '		FL		Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the abov	e-named	corporation submits this statement for the p	urpose of c	hanging	Is registered
office of r	registered agent, or both, in the State o im familiar with, and accept the obligat	if Florida. Such change was ions of, Section 617,0503. F	authorized b Iorida Statute	y the corp	poration's board of directors. Thereby accept	t the appoi	ntment as	s registered
SIGNATURE	, ,			-				į
SIGNATURE	Signature, typed or printed name of registered agent	and rile if applicable (NO	TE Registered Ag	ent signature	required when reinstating)	DATE		i
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGLE TO FIRE	THE WAS	£0)	
TITLE	CO-PASTOR/D/T	☐ DELETE	1.1 TITLE				Change	Addition
NAME	WATA DAVIS (ETTA DAVIS)		1.2 NAME		SECRETARY			*
STREET ADDRESS			1.3 STREE	T ADDRESS	HELEN JOHNSON			
CITY - ST - ZIP	WPB_FL.33407		1.4 CITY-	ST-ZIP	5865 N. HAVERHILL	RD #4	303	
TITLE		x x0ELETE	2.1 TITLE		WEST PALM BCH.,FL.	3340	7ge	Addition
HAME	ASST. PASTOR/D		2.2 NAME					ļ
STREET ADDRESS	LEE ALFRED NEAL		2.3 STREE	T ADORESS				
CITY - ST - ZIP	716 37 th ST.		2. 4 CITY -	ST-ZIP				
TITLE	WPB FL. 33407	K KOELETE	3.1 TITLE			Ľ	Change	Addition
NAME	AMY ROBINSON / YOUTH	PASTOR	3.2 NAME	1			-	
1201 31th ST		33 STREE	T ADDRESS					
CITY - ST - ZIP	********* ETT* 33404		3.4. CITY -	- 1				
TITLE	JIMMY JOHNSON /DEACC	DELETE	4 1 TITLE				Change	☐ Addition
NAME	JIMMY JOHNSON /DEACO	41	4 2 NAME	ļ				
STREET ADDRESS	RIVIERA BEACH FL. 33		4.3 STREET	F ADDRESS				
CITY-ST-ZIP	,	-	4.4 CITY-1					
TITLE	PATRICIA BROWN /DEACO	NESS DELETE	5.1 TITLE			Т	Change	Addition
NAME	240 W.13th ST.		5.2 NAME				•	00
STREET ADDRESS	RIVIERA BEACH, FL.33	404	5.3 STREET	LADDRESS				re 1
CITY-\$T-ZIP		303	5.4 CITY - 5				•	7.23
TITLE	GRACE NEAL/SECRETARY	X X DELETE	6.1 TITLE				Change	Addition
NAME	716 37th ST		6.2 NAME			_		
STREET ADDRESS	WPB FL.33407		6.3 STREET	r annress	BK. Dep# 61.25			
STREET ADDRESS					Dr. Dep. G1,=			
CITY-ST-ZIP			6.4 CITY - S	1-ZIP				

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 formation and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of he corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 19 or Block 13 if changed, or on an attachmo with 12 or Block 19 or Bl