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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000001149 (0)

FILED Jan 30 1998 8:00am Secretary of State

	HOPE COMMUNITY CHURC					
Principal Plac	ce of Business	Mailing Address				
924 GARDEN : KISSIMMEE FL		924 GARDEN ST KISSIMMEE FL 34744		3. Date Incorporated or Quality 02/28/1997	fied	
				4. FEI Number		Applied For
				59-3419412	<u>_</u>	Not Applicable
21	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	75 Additional e Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financii		00 Мау Ве
City & Stat	re .	City & State		Trust Fund Contribution		ed to Fees
23		28		7. Is this nonprofit corporation	a nemecwners assuci	iation?
Zip	Country	Zip	Country	8. This corporation owes or ha		r Intangible
24	25	29	30	Personal Property Tax due		72-No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of Ner		
			81 Name			
GRAY, (GARY		82 Street Add	dress (P.O. Box Number is Not Acce	entable)	
924 GARDEN ST			,			
KISSIMI	MEE FL 34744		83			
			84 City	·· · · · · · · · · · · · · · · · · · ·	85	Zip Code
	- · · · · · · · · · · · · · · · · · · ·		-			•
office or r agent. I a	to the provisions of Sections 617.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flori	s, the above-named cor thorized by the corpora ida Statutes.	poration submits this statement for ation's board of directors. I hereby a	the purpose of changing the purpose of the appointment of the contract of the	ng its registered t as registered
					•	
SIGNATURE .					_	
	Signature, typed or printed name of registered age	ont and tille if applicable. (NOTE:	Registered Agent signature requ	sired when reinstating)	DATE	 -
12.	OFFICERS AND	nt and title if applicable. (NOTE;	Registered Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AND DIRECT	TORS IN 12
12.	OFFICERS AND	ont and tille if applicable. (NOTE:	Registered Agent signature requ	alred when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AND DIRECT Char	TORS IN 12
12. TITLE NAME	OFFICERS AND GRAY, GARY	nt and title if applicable. (NOTE;	Registered Agent signature requ	alred when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AND DIRECT Char	TORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AND GRAY, GARY 924 GARDEN ST	nt and title if applicable. (NOTE;	Registered Agent signature requ	alred when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AND DIRECT Char	TORS IN 12
12. TITLE NAME	OFFICERS AND GRAY, GARY	nt and title if applicable. (NOTE;	Registered Agent signature requ	and then reinstating) ADDITIONS/CHANGES TO CO arot Draper 2 South Vernon	DATE FFICERS AND DIRECT Char Char	TORS IN 12 ige Paddition 224
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND GRAY, GARY 924 GARDEN ST KISSIMMEE FL 34744 D	nt and tille if applicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	and Draper 2 South Vernon	DATE FFICERS AND DIRECT Char Kissimme Char	TORS IN 12 ige Paddition 224
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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.

SIGNATURE:

Gardan Apar REQUIFOR

1- -1998

407-846-4230