

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001467 (6)**

1. Corporation Name

GOOD HOPE BAPTIST CHURCH INC



Principal Place of Business 3712 17TH ST COURT EAST BRADENTON FL 34208 <i>New address: 15211 State Rd. 64 East Bradenton, FL 34202</i>	Mailing Address 3712 17TH ST COURT EAST BRADENTON FL 34208 <i>New address: 15211 State Rd. 64 East Bradenton, FL 34202</i>
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3. Date Incorporated or Qualified 03/10/1997	4. FEI Number 65-0724645	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AARON, STEPHEN
3712 17TH ST COURT EAST
BRADENTON FL 34208

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Pastor <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen P. Aaron	1.2 NAME	
STREET ADDRESS	15211 S.R. 64E	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34202	1.4 CITY-ST-ZIP	
TITLE	Trustee + Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clayton Allisood	2.2 NAME	
STREET ADDRESS	5708 W. Main Corridor Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34202	2.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Taylor	3.2 NAME	
STREET ADDRESS	1808 John Taylor Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34202	3.4 CITY-ST-ZIP	
TITLE	Clerk <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia J. Aaron	4.2 NAME	
STREET ADDRESS	15211 State Rd. 64E	4.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34202	4.4 CITY-ST-ZIP	
TITLE	Bob Cluckey, Trustee <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7808 Barr Rd.	5.2 NAME	
STREET ADDRESS	Myakka City, FL 34208	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Stephen P. Aaron* President 4/19/1998 (411)746-9084

CR2E037 (10/97)