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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005092 (8)
 1. Corporation Name
NEW HOPE UNITED METHODIST CHURCH, INC.

Principal Place of Business 12725 ISTACHATTA ROAD SOUTH FLORAL CITY FL 34436	Mailing Address 12725 ISTACHATTA ROAD SOUTH FLORAL CITY FL 34436
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3. Date Incorporated or Qualified
09/08/1997

4. FEI Number 596142442	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 43
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Istachatta FL
City & State	City & State
23	28 34636
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

FRIES, JOHN
12725 ISTACHATTA ROAD SOUTH
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRIES, JOHN	
STREET ADDRESS	7487 AZELEA	
CITY-ST-ZIP	FLORAL CITY FL 32836	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PFEIFFER, JIM	
STREET ADDRESS	P.O. BOX 158	
CITY-ST-ZIP	ISTACHATTA FL 34636	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ZICKO, RON	
STREET ADDRESS	13339 ISTACHATTA ROAD SOUTH	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV Pfeiffer, Jim
2.3 STREET ADDRESS	9751 E LAZY LANE
2.4 CITY-ST-ZIP	FLORAL CITY FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jim Pfeiffer 4-29-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067300

CR2E037 (10/97)