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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005950

1. Corporation Name
NEW HOPE COMMUNITY CHURCH OF CENTRAL BREVARD, IN C.

Principal Place of Business C/O REV. JOHN F. DOCTOR 1455 VICTORIA BLVD ROCKLEDGE FL 32955	Mailing Address C/O REV. JOHN F. DOCTOR 1455 VICTORIA BLVD ROCKLEDGE FL 32955
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3536874 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DOCTOR, JOHN F REV C/O REV. JOHN F. DOCTOR 1455 VICTORIA BLVD ROCKLEDGE FL 32955	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John F. Doctor
STREET ADDRESS		1.3 STREET ADDRESS	1455 VICTORIA Boulevard
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Carol Doctor
STREET ADDRESS		2.3 STREET ADDRESS	1455 VICTORIA Boulevard
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Eveann Rains
STREET ADDRESS		3.3 STREET ADDRESS	1920-76 Woodhaven Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Paul Gaskke
STREET ADDRESS		4.3 STREET ADDRESS	1121 Woodmere Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: John F. Doctor REQUIRED Doctor 2/7/99 (407) 636-5436

DATE: _____ Daytime Phone # _____

CR2E037 (1/1/98)