

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90195 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000006753**

1. Corporation Name

**HOPE CHRISTIAN CENTER, INC.**

Principal Place of Business  
13612 S. VILLAGE DR.  
TAMPA FL 33624

Mailing Address  
13612 S. VILLAGE DR.  
TAMPA FL 33624



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3505821	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	

9. Name and Address of Current Registered Agent

**AGOSTO, ANTHONY**  
13612 S. VILLAGE DR.  
TAMPA FL 33624

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

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

*Anthony Agosto*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/26/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTO, ANTHONY	1.2 NAME	
STREET ADDRESS	13612 S. VILLAGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTO, BELINDA	2.2 NAME	
STREET ADDRESS	13612 S. VILLAGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, RICHARD	3.2 NAME	
STREET ADDRESS	315 CRYSTAL GOBLET CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIA	4.2 NAME	
STREET ADDRESS	315 CRYSTAL GOBLET CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	4.4 CITY-ST-ZIP	
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:

*Richard Ortiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-99*

Date

*813-653-3326*

Daytime Phone #

CR2E037 (11/98)