

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03737

FILED
Feb 27, 2019
Secretary of State
7498489179CC

Entity Name: NEW HOPE CHRISTIAN CENTER OF FORT WALTON BEACH,
FLORIDA, INCORPORATED

Current Principal Place of Business:

311 LOVEJOY ROAD
FORT WALTON BEACH, FL 32548

Current Mailing Address:

311 LOVEJOY ROAD
FORT WALTON BEACH, FL 32548

FEI Number: 65-0083422

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUENAS, STEPHANIE PASTOR
1181 LOST TRAIL
FT. WALTON BEACH FL 32547 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE DUENAS

02/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name DUENAS, STEPHANIE C
Address 1181 LOST TRAIL
City-State-Zip: FORT WALTON BEACH FL 32547

Title TREASURER
Name WILLIAMS, JOVI A
Address 18 JAPONICA LANE
City-State-Zip: SHALIMAR FL 32579

Title ELDER
Name STEWART, LORNETTE R
Address 18 JAPONICA LANE
City-State-Zip: SHALIMAR FL 32479

Title ELDER
Name STEWART, CHARLES
Address 18 JAPONICA LANE
City-State-Zip: SHALIMAR FL 32579

Title ELDER
Name DAVIS, MARY
Address BAY STREET
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE
Name STEVENS, , MARIA C
Address 237 BAY STREET
City-State-Zip: FORT WALTON BEACH FL 32548

Title ELDER
Name MCPHERSON, LAVONNE
Address 322 RUCKEL DRIVE
City-State-Zip: NICEVILLE FL 32578

Title ELDER
Name LARKINS, ALTA G
Address 3 JONQUIL AVENUE
City-State-Zip: FORT WALTON BEACH FL 32548

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE DUENAS

PASTOR

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name LABRUYERE, KAREN
Address 1039 4TH AVENUE
City-State-Zip: SHALIMAR FL 32579