

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03737

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC3113436141**

**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

02/13/2017

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 DEACON  
Address 1765 GUILDFORD COURT  
City-State-Zip: FORT WALTON BEACH FL 32547

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 WACHARAMAI, WORPHOTH O.  
Address 1150 AIRPORT ROAD UNIT 149  
City-State-Zip: DESTIN FL 32541

Title DEACON  
Name STEVENS, BRIAN A.  
Address 237 BAY STREET  
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

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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