

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03737

FILED
Mar 21, 2020
Secretary of State
0894076146CC

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: No

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

03/21/2020

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

Title DEACONESS
Name JONES, RHONDA
Address 30 CARSON DRIVE
APARTMENT 201
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

03/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ELDER
Name PUGH, BANUSHUFYAN
Address 319 CHICAGO AVENUE
City-State-Zip: VALPARAISO FL 32580

Title TRUSTEE
Name FULLER, JANET
Address 32 CARSON DRIVE
APT 201
City-State-Zip: FORT WALTON BEACH FL 32548