2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 729206

Entity Name: NEW HOPE FELLOWSHIP A CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

3900 SW 48TH AVENUE
PALM CITY, FL 34990 US

New Principal Place of Business:

3900 SW CITRUS BLVD.
PALM CITY, FL 34990 US

Current Mailing Address:

3900 SW 48TH AVENUE
PALM CITY, FL 34990 US

New Mailing Address:

3900 SW CITRUS BLVD.
PALM CITY, FL 34990 US

FEI Number: 59-1573575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURHAM, GARY L DR.
172 SE CRESTWOOD CIRCLE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	PERRY, FRANK	
Address:	532 HALPATIOKEE DRIVE	
City-St-Zip:	STUART, FL 34994	
Title:	P	( ) Delete
Name:	DURHAM, GARY L DR.	
Address:	172 SE CRESTWOOD CIRCLE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	MERRITT, GARY	
Address:	4858 SE DEVENWOOD WAY	
City-St-Zip:	STUART, FL 34997	
Title:	T	( ) Delete
Name:	WALKER, RHONDA	
Address:	8373 SE WOODMERE LANE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	SD	( ) Delete
Name:	ENGEBRETSEN, SHAWN	
Address:	1825 NW BRIGHT RIVER POINT	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK PERRY DS 03/04/2009
Electronic Signature of Signing Officer or Director — Date