

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 28, 2009  
Secretary of State**

DOCUMENT# 770480

Entity Name: NEW HOPEWELL FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

3101  
MIAMI, FL 33142 US

**Current Mailing Address:**

**New Mailing Address:**

8043 NW 14TH AVE.  
MIAMI, FL 33147 US

FEI Number: 59-2345606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVIS, REV. GEORGE ROBERT  
8043 NW 14TH AVE.  
MIAMI, FL 33147 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, REV. GEORGE R, .  
Address: 8043 NW 14 AVE.  
City-St-Zip: MIAMI, FL

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

Title: VD ( ) Delete  
Name: DAVIS, NETTIE,  
Address: 8043 NW 14 AVE.  
City-St-Zip: MIAMI, FL

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

Title: TD ( ) Delete  
Name: MAJOR, JOHN,  
Address: 17530 NW 27TH COURT  
City-St-Zip: MIAMI, FL

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

Title: S ( ) Delete  
Name: GAMBLE, PARQUITTA,  
Address: 1340 NW 176 TERRACE  
City-St-Zip: MIAMI, FL

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: GEORGE ROBERT DAVIS

PD

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date