


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 035 ****70.00

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1. Entity Name
 NEW HOPE MINISTRIES OF LAUREL HILL, INC.



Principal Place of Business
 3761 NEW EBENEZER ROAD
 LAUREL HILL, FL 32567

Mailing Address
 3761 NEW EBENEZER ROAD
 LAUREL HILL, FL 32567

NEW HOPE MINISTRIES OF LAUREL HILL, INC

2. Principal Place of Business

3. Mailing Address
3830 NEW EBENEZER RD

Suite, Apt. #, etc.
POST OFFICE BOX 698

City & State
LAUREL HILL, FLORIDA

Zip Country
32567 U.S

08022005 Chg-NP CR2E037 (10/03)

4. FEI Number
 20-1028110

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

WILLIAMS, WILLIE E JR
 3761 NEW EBENEZER ROAD
 LAUREL HILL, FL 32567

INFORMATION IS CORRECT

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *(REGISTERED AGENT IS RETAINED)*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIE E JR	
STREET ADDRESS	P.O. BOX 83	
CITY-ST-ZIP	LAUREL HILL, FL 32567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINES, TYRONE	
STREET ADDRESS	2980 WINDSOR CIRCLE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANTT, MARY LOU	
STREET ADDRESS	P.O. BOX 27	
CITY-ST-ZIP	LAUREL HILL, FL 32567	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINSON, ARTHUR	
STREET ADDRESS	2833 PENNY LANE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, LINDA	
STREET ADDRESS	241 WEDGEWOOD LANE	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SONYA	
STREET ADDRESS	P.O. BOX 83	
CITY-ST-ZIP	LAUREL HILL, FL 32567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLES LARRY BRUCE	
STREET ADDRESS	P.O. BOX 132	
CITY-ST-ZIP	LAUREL HILL, FLORIDA, 32567	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOLLOUGH ALICE	
STREET ADDRESS	3779 NEW EBENEZER RD	
CITY-ST-ZIP	LAUREL HILL, FLORIDA, 32567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie E. Williams Jr* *08/02/05* *685-0798*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #