


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90176 001 \*\*\*\*61.25  
 08-20-2007 90176 002 \*\*\*\*\*8.75

<b>DOCUMENT # N04000000123</b> 1. Entity Name <b>NEW HOPE MINISTRIES OF LAUREL HILL, INC.</b>	
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Principal Place of Business <b>3038 NEW EBENEZER ROAD LAUREL HILL, FL 32567</b>	Mailing Address <b>3830 NEW EBENEZER RD P.O. BOX 698 LAUREL HILL, FL 32567</b>
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**DO NOT WRITE IN THIS SPACE**



08052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1028110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILLIE E JR 3761 NEW EBENEZER ROAD P.O. BOX 83 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLES, LARRY BRUCE 3821 WILLIE EARL SR DRIVE P.O. BOX 132 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANTT, MARY LOU 3779 NEW EBENEZER ROAD P.O. BOX 27 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, ARTHUR 2833 PENNY LANE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOLLOUGH, ALICE 3779 NEW EBENEZER ROAD LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SONYA 3761 NEW EBENEZER ROAD P.O. BOX 83 LAUREL HILL, FL 32567

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **08-6-07 (850) 652-4833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #