


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000000123</b> 1. Entity Name <b>NEW HOPE MINISTRIES OF LAUREL HILL, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>20-1028110</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILLIAMS, WILLIE E JR 3761 NEW EBENEZER ROAD LAUREL HILL, FL 32567</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete				
NAME	WILLIAMS, WILLIE E JR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3761 NEW EBENEZER ROAD P.O. BOX 83	NAME	U00000876441		
CITY-ST-ZIP	LAUREL HILL, FL 32567	STREET ADDRESS	04/11/08-80073-005 70.00		
CITY-ST-ZIP	LAUREL HILL, FL 32567	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	TOLES, LARRY BRUCE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3821 WILLIE EARL SR DRIVE P.O. BOX 132	NAME			
CITY-ST-ZIP	LAUREL HILL, FL 32567	STREET ADDRESS			
CITY-ST-ZIP	LAUREL HILL, FL 32567	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	GANTT, MARY LOU	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3779 NEW EBENEZER ROAD P.O. BOX 27	NAME			
CITY-ST-ZIP	LAUREL HILL, FL 32567	STREET ADDRESS			
CITY-ST-ZIP	LAUREL HILL, FL 32567	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	BRINSON, ARTHUR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2833 PENNY LANE	NAME			
CITY-ST-ZIP	CRESTVIEW, FL 32539	STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW, FL 32539	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	MCCOLLOUGH, ALICE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3779 NEW EBENEZER ROAD	NAME			
CITY-ST-ZIP	LAUREL HILL, FL 32567	STREET ADDRESS			
CITY-ST-ZIP	LAUREL HILL, FL 32567	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	WILLIAMS, SONYA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3761 NEW EBENEZER ROAD P.O. BOX 83	NAME			
CITY-ST-ZIP	LAUREL HILL, FL 32567	STREET ADDRESS			
CITY-ST-ZIP	LAUREL HILL, FL 32567	CITY-ST-ZIP			
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: <i>Willie E. Williams</i>		03-23-08		652-4833 (CELL 6850776)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	