

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001123

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: NEW HOPE FOR THE LOST CHRISTIAN FELLOWSHIP INC.

**Current Principal Place of Business:**

2714 BURROUGHS ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1466  
MIDDLEBURG, FL 32050

**New Mailing Address:**

FEI Number: 56-2555199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUGGS, BESSIE PASTOR  
2733 BURROUGHS ROAD  
MIDDLEBURG, FL 32068 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: D ( ) Delete  
Name: SUGGS, BESSIE PASTOR  
Address: 2733 BURROUGHS ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: SUGGS, TERRY CO-P  
Address: 2692 FOREMAN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: SUGGS, ROBIN TRUSTEE  
Address: 2692 FOREMAN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SEC ( ) Delete  
Name: GARNER, ROSE  
Address: PO BOX 32  
City-St-Zip: MIDDLEBURG, FL 32050

Title: D ( ) Delete  
Name: ADDISON, THOMAS TRUSTEE  
Address: 2880 CASSIDY LANE  
City-St-Zip: MIDDLEBURG, FL 32068

**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: SEC (X) Change ( ) Addition  
Name: GARNER, ROSE SEC  
Address: PO BOX 32  
City-St-Zip: MIDDLEBURG, FL 32050

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: TERRY SUGGS

CO-P

03/12/2009

Electronic Signature of Signing Officer or Director

Date