


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N48375 1. Entity Name NEW HOPE HOLINESS CHURCH OF CHRIST, INC.			
Principal Place of Business 107 MARION STREET BUNNELL FL 32110 US		Mailing Address P O BOX 2292 BUNNELL FL 32110	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3122309		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent MITCHELL, PAULINE 12 BRIDGEHAVEN DRIVE PALM COAST FL 32137	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 _____ (NOTE: Registered Agent signature required when installing) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDS MITCHELL, PAULINE 1005 CONTINENTAL DR DAYTONA BEACH FL 32117	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MITCHELL, PAULINE	NAME	
STREET ADDRESS	1005 CONTINENTAL DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	V MITCHELL, RANDALL 1005 CONTINENTAL DR DAYTONA BEACH FL 32117	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MITCHELL, RANDALL	NAME	
STREET ADDRESS	1005 CONTINENTAL DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	D GRAHAM, MARY L 6337 ARMSTRONG DR ELKTON FL 32033	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GRAHAM, MARY L	NAME	
STREET ADDRESS	6337 ARMSTRONG DR	STREET ADDRESS	
CITY-ST-ZIP	ELKTON FL 32033	CITY-ST-ZIP	
TITLE	TD BROWN, BETTY P.O. BOX 54, 212 MOORE STRET BUNNELL FL 32410	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BROWN, BETTY	NAME	
STREET ADDRESS	P.O. BOX 54, 212 MOORE STRET	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32410	CITY-ST-ZIP	
TITLE	SD FLYNT, PAULINE 519 FAIRMOUNT RD DAYTONA BEACH FL 32117	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLYNT, PAULINE	NAME	
STREET ADDRESS	519 FAIRMOUNT RD	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	VD MITCHELL, SHARON L 1001 CONTINENTAL DR DAYTONA BEACH FL 32117	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MITCHELL, SHARON L	NAME	
STREET ADDRESS	1001 CONTINENTAL DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pauline Mitchell Pauline Mitchell 01-26-06