


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N48375 1. Entity Name NEW HOPE HOLINESS CHURCH OF CHRIST, INC.	
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Principal Place of Business 107 MARION STREET BUNNELL FL 32110 US	Mailing Address P O BOX 2292 BUNNELL FL 32110
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-3122309	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, PAULINE 12 BRIDGEHAVEN DRIVE PALM COAST FL 32137	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PDS MITCHELL, PAULINE	<input type="checkbox"/>
STREET ADDRESS	12 BRIDGEHAVEN DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE NAME	V MITCHELL, RANDALL	<input type="checkbox"/>
STREET ADDRESS	12 BRIDGEHAVEN DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE NAME	D GRAHAM, MARY L	<input type="checkbox"/>
STREET ADDRESS	6337 ARMSTRONG DR	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE NAME	TD BROWN, BETTY	<input type="checkbox"/>
STREET ADDRESS	P.O. BOX 54, 212 MOORE STRET	
CITY-ST-ZIP	BUNNELL FL 32410	
TITLE NAME	SD FLYNT, PAULINE	<input type="checkbox"/>
STREET ADDRESS	1005 CONTINENTAL DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE NAME	VD MITCHELL, SHARON L	<input type="checkbox"/>
STREET ADDRESS	254 BIRD OF PARADISE DR	
CITY-ST-ZIP	PALM COAST FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP	U00000868789 04/09/08-80023-025 61.25		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
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 03-23-08 386-246-462*