

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000123

**Entity Name:** NEW HOPE MINISTRIES OF LAUREL HILL, INC.

**Current Principal Place of Business:**

410 WINGARD STREET  
CRESTVIEW, FL 32539

**Current Mailing Address:**

410 WINGARD STREET  
CRESTVIEW, FL 32539 US

**FEI Number:** 20-1028110

**Certificate of Status Desired:** Yes

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

WILLIAMS, WILLIE EJR  
2257 LEWIS STREET  
CRESTVIEW, FL 32539 US

*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

**Officer/Director Detail :**

Title D  
Name WILLIAMS, WILLIE EJR  
Address 2257 LEWIS STREET  
City-State-Zip: CRESTVIEW FL 32536

Title D  
Name BELCHER, ARETHA  
Address 109 JERRY DRIVE  
City-State-Zip: ANDALUSIA AL 36421

Title D  
Name BRINSON, ARTHUR  
Address 2833 PENNY LANE  
City-State-Zip: CRESTVIEW FL 32539

Title D  
Name MCCOLLOUGH, ALICE  
Address 3779 NEW EBENEZER ROAD  
City-State-Zip: LAUREL HILL FL 32567

Title D  
Name WILLIAMS, SONYA  
Address 2257 LEWIS STREET  
City-State-Zip: CRESTVIEW FL 32536

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIE E. WILLIAMS

**PASTOR**

**04/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date