

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001123

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

**Current Principal Place of Business:**

2714 BURROUGHS ROAD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

PO BOX 1466  
MIDDLEBURG, FL 32050

**FEI Number:** 56-2555199

**Certificate of Status Desired:** Yes

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

GARNER, ROSE CLERK  
2714 BURROUGHS ROAD  
MIDDLEBURG, FL 32068 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:** ROSE GARNER

02/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name SUGGS, TERRY SR. PASTOR  
Address 2692 FORMAN CIRCLE  
City-State-Zip: MIDDLEBURG FL 32068

Title TRUSTEE  
Name SUGGS, CALVIN TRUSTEE  
Address 4956 BAMBOO ST.  
City-State-Zip: MIDDLEBURG FL 32068

Title CO : PASTOR  
Name SUGGS, ROBIN TRUSTEE CO-TREASURE  
Address 2692 FOREMAN CIRCLE  
City-State-Zip: MIDDLEBURG FL 32068

Title TREASURER  
Name GARNER, ROSE TR.  
Address PO BOX 32  
City-State-Zip: MIDDLEBURG FL 32050

Title TRUSTEE  
Name BUSSEY, DAPHNE TRUSTEE  
Address 2679 FORMAN CIRCLE  
City-State-Zip: MIDDLEBURG FL 32068

Title ASST PASTOR  
Name ALLEN, DARRYL  
Address 561 DRYSDALE DRIVE  
City-State-Zip: ORANGE PARK FL 32065

Title ASST PASTOR  
Name ALLEN, KJERSTI  
Address 561 DRYSDALE DRIVE  
City-State-Zip: ORANGE PARK FL 32065

*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:** ROBIN SUGGS

CO/ PASTOR

02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date