

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710239

FILED
Aug 05, 2008
Secretary of State

Entity Name: NEW HOPE CHURCH OF MELBOURNE INC

Current Principal Place of Business:

2676 POST ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2676 POST ROAD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-1773146 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CADLE, PASTOR BRUCE
2676 POST RD
MELBOURNE, FL 32935 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VANDEBERG, ANDREA
Address: 164 SAN JUAN CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: STEINLEITNER, DAVID
Address: 4520 RIVERMIST DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: TRST (X) Delete
Name: BEDARD, MICHAEL
Address: 3211 WINDSOR ESTATES
City-St-Zip: MELBOURNE, FL 32940

Title: TRST () Delete
Name: NYE, CASSIE
Address: 1738 DODGE CIR. N
City-St-Zip: MELBOURNE, FL 32935

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: () 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: PASTOR BRUCE CADLE

R/A

08/05/2008

Electronic Signature of Signing Officer or Director

Date