2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729206

FILED Jan 13, 2005 Secretary of State

Entity Name: NEW HOPE FELLOWSHIP A CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 3900 SW 48TH AVENUE PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 3900 SW 48TH AVENUE PALM CITY, FL 34990 US FEI Number: 59-1573575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DURHAM, GARY L DR 172 SE CRESTWOOD CIRCLE STUART, FL 34997 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition ACRE, STEVE Name: Name: 7930 SE CROSSRIP STREET Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: Title: () Delete () Change () Addition DURHAM, GARY L DR. Name: Name: Address: 172 SE CRESTWOOD CIRCLE Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARTER, EDEAR CARTER, EDEAR Name: Name: 5001 SW SUNSHINE FARM WAY 4554 SE BRIDGETOWN COURT Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34997 (X) Change () Addition Title: () Delete Title: JACKSON, JERRY Name: CARTER, EDGAR Name: 5001 SW SUNSHINE FARM WAY 1271 SW EVERGREEN LN Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: (X) Change () Addition ENGEBRETSEN, SHAWN, ENGEBRETSEN, SHAWN Name: Name: 2126 NW FORK RD. 1825 NW BRIGHT RIVER POINT Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY L. DURHAM PRES 01/13/2005