


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90185 001 \*\*\*\*\*8.75  
 02-27-2004 90185 002 \*\*\*\*\*61.25

**DOCUMENT # 732505**  
 1. Entity Name  
**NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.**



Principal Place of Business: **10573 SW 174 TERR MIAMI FL 33157 US**  
 Mailing Address: **P.O. BOX 971026 MIAMI FL 33197 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

6. Name and Address of Current Registered Agent

*Harry D. Thompson*  
**19371 SW 17th Avenue**  
**Miami Florida 33177**

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: *Harry D. Thompson*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, HARRY D	
STREET ADDRESS	19371 SW 17TH AVE.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEASLEY, RUTH E	
STREET ADDRESS	113 MONMOTH RD.	
CITY-ST-ZIP	JACOBSTOWN NJ 08562	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, MAE B	
STREET ADDRESS	17351 SW 106 AVE.	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOBLEY, ANNILESEE T	
STREET ADDRESS	2302 NE 55 BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32106	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, MAE BELL	
STREET ADDRESS	17351 S. W. 106TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *MAE B. Thompson* **MAE B. THOMPSON** *February 19, 2004*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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