

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90190 001 \*\*\*\*61.25  
05-03-2005 90190 002 \*\*\*\*8.75

<b>DOCUMENT # 732505</b> 1. Entity Name NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.	
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Principal Place 10573 SW 174 TERR MIAMI FL 33157 US	Mailing Address P.O. BOX 971026 MIAMI FL 33197 US
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2. Principal Place of Business 10573 SW 174 TERR Suite, Apt. #, etc.	3. Mailing Address PO Box 971026 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State Miami Florida	City & State Miami, Florida	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
Zip 33157	Country DADE	Zip 33197	Country DADE

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, HARRY D 19371 S.W. 117 AVENUE MIAMI FL 33147.
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Mae B. Thompson (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 4-26-05 DAYTIME PHONE #: 305-238-1564