


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90473 001 *****8.75
05-04-2006 90473 002 *****61.25

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

Principal Place of Business 10575 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 10575 SW 174 Terr	3. Mailing Address P.O. Box 971026
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33157	Country DADE
Zip 33157	Country DADE

1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMPSON, HARRY D 19371 S.W. 117 AVENUE MIAMI FL 33147		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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** DATE **4-24-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMPSON, HARRY D		NAME	
STREET ADDRESS 19371 SW 17TH AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33177		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TEASLEY, RUTH E		NAME	
STREET ADDRESS 113 MONMOTH RD.		STREET ADDRESS	
CITY-ST-ZIP JACOBSTOWN NJ 08562		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMPSON, MAE B		NAME	
STREET ADDRESS 17351 SW 106 AVE.		STREET ADDRESS	
CITY-ST-ZIP PERRINE FL 33157		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MOBLEY, ANNILEESEE T		NAME	
STREET ADDRESS 2302 NE 55 BLVD.		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32106		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMPSON, MAE BELL		NAME	
STREET ADDRESS 17351 S. W. 106TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** **4-24-06** **305-2381564**