


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90062 001 *****8.75
 07-24-2007 90062 002 *****66.25

DOCUMENT # 732505

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



Principal Place of Business
 10575 SW 174TH TERRACE
 MIAMI, FL 33157 US

Mailing Address
 P.O. BOX 971026
 MIAMI, FL 33157 US



2. Principal Place of Business - No P.O. Box #
 10575 SW 174TH TERR P.O. BOX 971026
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 971026
 Suite, Apt. #, etc.

06292007 Chg-NP CR2E037 (12/06)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip Country
 33157 US

Zip Country
 33157 US

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Filing Fee is \$61.25 Due by September 14, 2007

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOBLEY, ANNILEESE T 2302 NE 55 BLVD. GAINESVILLE, FL 32106 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 exemptions contained 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 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 Bell Thompson 7/12/07, 305.239.1564
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66020583

732505

For certificate 8.75.

DIVISION OF CORPORATIONS,
Annual Report/Uniform Business
Report Section,
P.O. Box 6327,
Tallahassee, Fl. 32314

FEES

66.25

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Tallahassee, Florida, 32314