

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

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 33167
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2EG37 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, HARRY D
19371 S.W. 117 AVENUE
MIAMI FL 33147-33177

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PD ☐ Delete
NAME THOMPSON, HARRY D
STREET ADDRESS 19371 SW 17TH AVE. 117 AVE
CITY- ST- ZIP MIAMI FL 33177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME TEASLEY, RUTH E
STREET ADDRESS 113 MONMOTH RD.
CITY- ST- ZIP JACOBSTOWN NJ 08562

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME THOMPSON, MAE B
STREET ADDRESS 17351 SW 106 AVE.
CITY- ST- ZIP PERRINE FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☐ Delete
NAME MOBLEY, ANNILEESEE T
STREET ADDRESS 2302 NE 55 BLVD.
CITY- ST- ZIP GAINESVILLE FL 32106

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☐ Delete
NAME THOMPSON, MAE BELL
STREET ADDRESS 17351 S. W. 106TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08
Date Daytime Phone #