

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732505

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

10575 SW 174TH TERRACE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 971026
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, HARRY D
Address: 19371 117 AVE
City-St-Zip: MIAMI, FL 33177

Title: VD () Delete
Name: TEASLEY, RUTH E
Address: 113 MONMOTH RD.
City-St-Zip: JACOBSTOWN, NJ 08562

Title: TD () Delete
Name: THOMPSON, MAE B
Address: 17351 SW 106 AVE.
City-St-Zip: PERRINE, FL 33157

Title: SD () Delete
Name: MOBLEY, ANNILEESE T
Address: 2302 NE 55 BLVD.
City-St-Zip: GAINESVILLE, FL 32106

Title: T () Delete
Name: THOMPSON, MAE BELL,
Address: 17351 S. W. 106TH AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY D THOMPSON

PD

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date