

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90009 023 ****61.25

DOCUMENT # 760945

1. Entity Name

NEW HOPE CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

4249 LENNOX BOULEVARD
 ORLANDO FL 32811

Mailing Address

C/O MAE C. WILLIAMS
 3303 WALLER PLACE
 ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1424500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MAE C
 3303 WALLER PLACE
 ORLANDO FL 32805

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: S
 NAME: WILLIAMS, LASHAWNDA
 STREET ADDRESS: 18521 3RD AVE.
 CITY-ST-ZIP: ORLANDO FL 32820 Delete

TITLE: D
 NAME: CROKER, NORRIS E
 STREET ADDRESS: 923 AARON AVE
 CITY-ST-ZIP: ORLANDO FL 32811 Delete

TITLE: PD
 NAME: WILLIAMS, MAE C
 STREET ADDRESS: 3303 WALLER PLACE
 CITY-ST-ZIP: ORLANDO FL 32805 Delete

TITLE: D
 NAME: POWELL, MAMIE L
 STREET ADDRESS: 2109 PATTERSON AVE
 CITY-ST-ZIP: ORLANDO FL 32811 Delete

TITLE: D
 NAME: WILLIAMS, DARRYL R
 STREET ADDRESS: 3303 WALLER PLACE
 CITY-ST-ZIP: ORLANDO FL 32805 Delete

TITLE: *Williams, Lashawnda D.*
 NAME: *18521 3rd Ave*
 STREET ADDRESS: *Orl, FL 32820*
 CITY-ST-ZIP: *Secretary* Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change 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 C. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 *407/2954846*

Date

Daytime Phone #