


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 024 \*\*\*\*65.25

**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**

60030311



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08312006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**59-1424500**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, MAE C  
 3303 WALLER PLACE  
 ORLANDO, FL 32805**

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

**Filing Fee is \$61.25  
 Due by September 6, 2006**

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	<input type="checkbox"/> Delete
NAME	WILLIAMS, LASHAWNDA	
STREET ADDRESS	18521 3RD AVE.	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROKER, NORRIS E	
STREET ADDRESS	923 AARON AVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MAE C	
STREET ADDRESS	3303 WALLER PLACE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, MAMIE L	
STREET ADDRESS	2109 PATTERSON AVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DARRYL R	
STREET ADDRESS	3303 WALLER PLACE	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LASHAWNDA	
STREET ADDRESS	18521 3RD AVE	
CITY-ST-ZIP	ORLANDO, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 C. Williams Date: 9/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

60038977

9/06

#760945

Dear Sir:

I have had several Mishaps.

Sick<sup>ness</sup> and death in my family.

There is still sickness in the family

I am asking for your help and  
forgiveness for being late with  
my money and information

Pastor Mae Wilkins