

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760945

FILED  
May 01, 2009  
Secretary of State

Entity Name: NEW HOPE CHURCH OF THE LIVING GOD, INC.

**Current Principal Place of Business:**

3303 WALLER PLACE  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3303 WALLER PLACE  
ORLANDO, FL 32805

**New Mailing Address:**

P O BOX 555028  
ORLANDO, FL 32855

FEI Number: 26-4281488      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, MAE C  
3303 WALLER PLACE  
ORLANDO, FL 32805      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: D      ( ) Delete  
Name: CROKER, NORRIS E  
Address: 1617 W CENTRAL APT 511  
City-St-Zip: ORLANDO, FL 32805

Title: PD      ( ) Delete  
Name: WILLIAMS, MAE C  
Address: 3303 WALLER PLACE  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: POWELL, MAMIE L  
Address: 2109 PATTERSON AVENUE  
City-St-Zip: ORLANDO, FL 32811

Title: DT      ( ) Delete  
Name: WILLIAMS, DARRYL R  
Address: 4231 PRINCE HALL BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: VS      ( ) Delete  
Name: WILLIAMS, ANGELENE L  
Address: 4231 PRINCE HALL BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: S      ( ) Delete  
Name: WILLIAMS, LASHAWND D  
Address: 18521 3RD AVE  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title:      ( ) Change ( ) Addition  
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: DR MAE C WILLIAMS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date