

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765763

FILED
Mar 24, 2009
Secretary of State

Entity Name: NEW HOPE MINISTRIES, INC.

Current Principal Place of Business:

7675 DAVIS BLVD
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

7675 DAVIS BLVD
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2276660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIGPEN, GRANT
7675 DAVIS BLVD
NAPLES, FL 34104 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: THIGPEN, LENNON G PASTOR
Address: 4191 3RD AVENUE, SW
City-St-Zip: NAPLES, FL 34119 US

Title: ST () Delete
Name: PLA, JOSE R
Address: 2147 HARBOR ROAD
City-St-Zip: NAPLES, FL 34104 US

Title: VP () Delete
Name: BRETT, DANIEL
Address: 2645 CITRUS KEY LIME COURT
City-St-Zip: NAPLES, FL 34120 US

Title: DIR () Delete
Name: GILES, LESLIE R
Address: 2039 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119 US

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:

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: GRANT THIGPEN

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date