## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 770480**

FILED Mar 28, 2009 Secretary of State

Entity Name: NEW HOPEWELL FAMILY WORSHIP CENTER, INC.

urrent P	rincipal Place	of Business:	New Principal Plac	ce of Business:
101 IIAMI, FL	33142 US			
urrent M	lailing Addres	s:	New Mailing Addre	ess:
043 NW IIAMI, FL	14TH AVE. 33147 US			
El Number	: 59-2345606	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
				red office or registered agent or both
		ubmits this statement for the p	purpose or changing its registe	red office of registered agent, of both,
	e named entity s e of Florida.	ubmits this statement for the i	purpose of changing its registe	red office of registered agent, or both,
the State	e of Florida. RE:			red office of registered agent, of both,
the State	e of Florida. RE:	ubmits this statement for the plants of the plants of Registered Ag		Date
the State	e of Florida. RE:	c Signature of Registered Ag	ent	
the State	e of Florida.  RE: Electroni  S AND DIRECT	ic Signature of Registered Ag  FORS:  Delete  EORGE R, .	ent	Date
the State IGNATUI  FFICER: tte: ame: ddress:	e of Florida.  RE:  Electroni  S AND DIRECT  PD ()  DAVIS, REV. GE 8043 NW 14 AV MIAMI, FL	ic Signature of Registered Ag  FORS:  Delete  EORGE R, .  E.  Delete	ent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR
the State  PFFICER:  ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT  PD () DAVIS, REV. GE 8043 NW 14 AV MIAMI, FL  VD () DAVIS, NETTIE, 8043 NW 14 AV MIAMI, FL	ic Signature of Registered Ag  FORS:  Delete EORGE R, .  E.  Delete  E.	ent  ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

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: GEORGE ROBERT DAVIS PD 03/28/2009