2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L06000113719

Entity Name: NEW HOPE FELLOWSHIP, LLC

Current Principal Place of Business:

4650 HWY 524
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4650 HWY 524
COCOA, FL 32926

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIAN, JAMES L
4650 HWY 524
COCOA, FL 32926 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	CHRISTIAN, JAMES L	
Address:	4650 HWY 524	
City-St-Zip:	COCOA, FL 32926	
Title:	MGRM	(X) Delete
Name:	POSSINGER, RAY	
Address:	265 N. BURNETT ROAD	
City-St-Zip:	COCOA, FL 32926	
Title:	MGRM	( ) Delete
Name:	KINNEY, MATT	
Address:	4820 MEADOW GREEN RD	
City-St-Zip:	MIMS, FL 32754	
Title:	MGRM	( ) Delete
Name:	CHRISTIAN, DOUG	
Address:	301 TUNBRIDGE DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	MGRM	( ) Delete
Name:	SPRAGUE, JOSH	
Address:	1191 A STREET	
City-St-Zip:	COCOA, FL 32922	
Title:	MGRM	( ) Delete
Name:	KINNEY, CHRISTINA	
Address:	4820 MEADOW GREEN ROAD	
City-St-Zip:	MIMS, FL 32754	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	KINNEY, MATT	
Address:	2289 US HWY ONE	
City-St-Zip:	MIMS, FL 32754	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	KINNEY, CHRISTINA	
Address:	2289 US HWY ONE	
City-St-Zip:	MIMS, FL 32754	

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINA M. KINNEY MGRM 04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date