

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113719

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**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:** 59-2354568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
**Name:** CHRISTIAN, JAMES L  
**Address:** 4650 HWY 524  
**City-St-Zip:** COCOA, FL 32926

**Title:** MGRM  
**Name:** KINNEY, MATT  
**Address:** 4820 MEADOW GREEN ROAD  
**City-St-Zip:** MIMS, FL 32754

**Title:** MGRM  
**Name:** CHRISTIAN, DOUG  
**Address:** 301 TUNBRIDGE DR.  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** MGRM  
**Name:** KINNEY, CHRISTINA  
**Address:** 4820 MEADOW GREEN ROAD  
**City-St-Zip:** MIMS, FL 32754

I hereby 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

01/10/2011

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