

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90068 002 \*\*\*\*70.00

<b>DOCUMENT # N01000004008</b> 1. Entity Name <b>NEW HOPE FELLOWSHIP INTERNATIONAL CHURCH, INC.</b>		 <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">24051499</div>	
Principal Place of Business <b>5330 MENDOZA ST. W. PALM BCH, FL 33415</b>		Mailing Address <b>5330 MENDOZA ST. W. PALM BCH, FL 33415</b>	
2. Principal Place of Business <b>16701 W. Jenny Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>16701 W. Jenny Ln</b> Suite, Apt. #, etc.	
City & State <b>Loxahatchee FL</b>		City & State <b>Loxahatchee FL</b>	
Zip <b>33470</b>		Zip <b>33470</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>01-0583526</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOCK, CURTIS R-SR. 5330 MENDOZA ST. W. PALM BCH, FL 33415</b>		7. Name and Address of New Registered Agent Name <b>Kevin G. Kochersperger</b> Street Address (P.O. Box Number is Not Acceptable) <b>16701 W. Jenny Lane</b> City <b>Loxahatchee</b> <b>FL</b> Zip Code <b>33470</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, CURTIS R 5330 MENDOZA ST. W. PALM BCH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ex. D Kevin G. Kochersperger 16701 W Jenny Lane Loxahatchee FL 33470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPANY, EDWARD 1170 HATTERAS CIRCLE WEST W. PALM BCH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Deborah A Kochersperger 16701 W Jenny Lane Loxahatchee FL 33470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, TOM 6293 LANSLOWNE CIR BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kevin W. Klepek 268 Sanger Ave. Royal Palm Beach FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, DORIS 5330 MONDOIA ST WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERGER, KEVIN K 16901 W JENNY LAEN LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, WILMONT 6549 MONMOUTH RD WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
<b>SIGNATURE:</b>		<b>KEVIN G. KOCHERSPERGER</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/19/04</b> (Sec) <b>816-2360</b> <small>Daytime Phone #</small>	