2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01664

Mar 15, 2009 Secretary of State

Entity Name: DIRECTOR CORPORATION OF NEW +HOPE BAPTIST CHURCH OF ZEPHYRHILLS, INC.

Current Principal Place of Business: New Principal Place of Business: 3514 ALLEN ROAD ZEPHYRHILLS, FL 33541 **Current Mailing Address: New Mailing Address:** 3514 ALLEN ROAD ZEPHYRHILLS, FL 33541 FEI Number: 59-2374125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAMES, MARIE C JAMES, MARIE C 4509 FIRELANE ROAD 37551 MEADOW OAK WAY ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 US US 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: 03/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JAMES, MARIE C JAMES, MARIE C Name: Name: 4509 FIRELANE ROAD Address: 37551 MEADOW OAK WAY Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ZEPHYRHILLS, FL 33541 Title: () Delete Title: () Change () Addition Name: MAGGARD, RANDY Name: Address: 37518 GERGER ROAD Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition HOYLE, CARL Name: Name: Address: 8320 WIRE RD Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DEPUTY, STEVE Name: Address: 1125 HYCINTHIA STREET Address: City-St-Zip: CRYSTAL SPRINGS, FL 33524 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: MARIE C JAMES Т 03/15/2009