


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 014 ****61.25

DOCUMENT # N02000000030					
1. Entity Name NEW HOPE IN CHRIST INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S FLAGLER DR STE 1100 W PALM BCH, FL 33401			Mailing Address C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S FLAGLER DR STE 1100 W PALM BCH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0032053	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENRY, THORNTON M ESQ. 505 S FLAGLER DR STE 1100 W PALM BCH, FL 33401			Name Jones Foster Service, LLC Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Suite 1100 City West Palm Beach FL Zip Code 33401		
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 <i>Thornton M Henry, principal of Jones Foster Service LLC 2/24/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE DP NAME SOUZA, EDSON STREET ADDRESS 3050 PRESIDENTIAL WAY #204 CITY-ST-ZIP W PALM BCH, FL 33401	<input type="checkbox"/> Delete				
TITLE DTS NAME HARP, DONALD STREET ADDRESS 3050 PRESIDENTIAL WAY #204 CITY-ST-ZIP W PALM BCH, FL 33401	<input type="checkbox"/> Delete				
TITLE D NAME BRYAN, ROBERT DR STREET ADDRESS CRICHTON COLLEGE 6655 WINDCHESTER RD CITY-ST-ZIP MEMPHIS, TN 38175	<input type="checkbox"/> Delete				
TITLE D NAME DICKERSON, TIMOTHY STREET ADDRESS 1127 POINTE NEWPORT TERR APT 209 CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete				
TITLE DV NAME WHARTON, ROBERT STREET ADDRESS 1633 TORRINGTON DR CITY-ST-ZIP MEMPHIS, TN 38018	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 817, 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.					
SIGNATURE: <i>Robert Wharton</i> 2/23/04 561-478-7452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

34020636



02222004 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0032053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Jones Foster Service, LLC
Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Drive, Suite 1100
City
West Palm Beach FL Zip Code
33401

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 *Thornton M Henry, principal of Jones Foster Service LLC 2/24/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing ☐ Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
DP
NAME
SOUZA, EDSON
STREET ADDRESS
3050 PRESIDENTIAL WAY #204
CITY-ST-ZIP
W PALM BCH, FL 33401

☐ Delete

TITLE
DTS
NAME
HARP, DONALD
STREET ADDRESS
3050 PRESIDENTIAL WAY #204
CITY-ST-ZIP
W PALM BCH, FL 33401

☐ Delete

TITLE
D
NAME
BRYAN, ROBERT DR
STREET ADDRESS
CRICHTON COLLEGE 6655 WINDCHESTER RD
CITY-ST-ZIP
MEMPHIS, TN 38175

☐ Delete

TITLE
D
NAME
DICKERSON, TIMOTHY
STREET ADDRESS
1127 POINTE NEWPORT TERR APT 209
CITY-ST-ZIP
CASSELBERRY, FL 32707

☐ Delete

TITLE
DV
NAME
WHARTON, ROBERT
STREET ADDRESS
1633 TORRINGTON DR
CITY-ST-ZIP
MEMPHIS, TN 38018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 817, 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.

SIGNATURE: *Robert Wharton* **2/23/04** **561-478-7452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone