

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000030

1. Entity Name
**NEW HOPE IN CHRIST INTERNATIONAL MINISTRIES,
INC.**



Principal Place of Business
**24850 OLD 41 ROAD
SUITE 11
BONITA SPRINGS, FL 34135 FL**

Mailing Address
**C/O SUMMIT CHURCH
24850 OLD 41 ROAD, SUITE 11
BONITA SPRINGS, FL 34135 US**



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0032053

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILBY, TODD A D
24850 OLD 41 ROAD
11
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000582003

01/18/07 80044 023 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOUZA, EDSON 24850 OLD 41 ROAD SUITE 11 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILBY, TODD A 24850 OLD 41 ROAD, SUITE 11 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISKIE, ROGER 675 WEST STREET NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, TIMOTHY 1127 POINTE NEWPORT TERR APT 209 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINDLEY, HAROLD 8265 ALLENDALE COURT NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #