

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90029 030 ****61.25

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1. Entity Name
NEW HOPE CHRISTIAN FELLOWSHIP AND FAMILY CENTER, INC.

Principal Place of Business
**370 ATWATER STREET
 PORT CHARLOTTE, FL 33948**

Mailing Address
**P.O. BOX 380443
 PORT CHARLOTTE, FL 33948**

40070030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
80-0005368

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, ROGER H III
 99 NESBIT STREET
 PUNTA GORDA, FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BLOOD, DAVID W REV
 STREET ADDRESS P.O. BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE TD Change Addition
 NAME Montgomery Sherry
 STREET ADDRESS PO Box 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE TD Delete
 NAME DUNBAR, JAN
 STREET ADDRESS P.O. BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME SCHMELZER, KRISTINE
 STREET ADDRESS P.O. BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE D Change Addition
 NAME SZAFRANSKI, PAUL
 STREET ADDRESS PO BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME HILL, RAY
 STREET ADDRESS PO BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME De Ark, Keith
 STREET ADDRESS PO BOX 380443
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Rev. David W. Blood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-08

Date

266-717-3946

Daytime Phone #

Rev David W. Blood