2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0200000138 1. Entity Name NEW HOPE CHRISTIAN FELLOWSHIP AND FAMILY CENTER, INC.								04-23-2008	: 90029 0 <u>:</u>	30 ****6	1.25
Principal Place of Business 370 ATWATER STREET PORT CHARLOTTE, FL 33948				Mailing Address P.O. BOX 380443 PORT CHARLOTTE, FL 33948					BJA 8874 8847 88		T(#101 0) (#10)
2. Principal F	Place of Busine	3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				Chg-NP	CR2E03	37 (12/06)	
City & State			Cit	City & State			4. FEI Number 80-0005				pplied For
Zip	Country		Zip	Zip Cou		untry	5. Certificate of	of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Currer	nt Registere	d Agent	1	<u> </u>	7. Name and	Address of New I	Registered /	Agent	
MULTO D	OCED III					Name					
	ROGER HI					Street Address	(P.O. Box Number	r is Not Accontable	lo)	<u> </u>	
99 NESBIT STREET PUNTA GORDA, FL 33950					0,000,7,00,000	(.o. box ramber	1 15 Not Acceptable		· · · .		
						City	<u> </u>		FL	Zip Cod	le
8. The above	named entity	submits this statement	for the purpo	ose of changing its	s registere	ed office or registe	ered agent, or both	n, in the State of Fl		amiliar with,	, and accept
SIGNATURE :	uoris or registe	aled agent.									
SIGNATIONE	Signature, typed o	or printed name of registered age	ent and title if appl	icable. (NO)	TE: Registere	d Agent signature require	d when reinstating)		DATE		
	N 7	·	ent and title if appl								
:	Filing Fee	or printed name of registered age is \$61.25 ay 1, 2008	ent and title if appl	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		DATE Make check rida Depart		
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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 eath; 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:

3-9-08 866-717-3946 Daytime Phone #