

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N02000000138

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

Current Principal Place of Business:

370 ATWATER STREET
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380443
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 80-0005368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOOD, DAVID W REV
Address: P.O. BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: DUNBAR, JAN
Address: P.O. BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: SZAFRANSKI, PAUL
Address: PO BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: HILL, RAY
Address: PO BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: DE ARK, KEITH
Address: PO BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLOOD, DAVID W
Address: P.O. BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SCHMELZER, KRISTINE
Address: PO BOX 380443
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: MONTGOMERY, SHERRY
Address: PO BOX 380443
City-St-Zip: MURDOCK, FL 33938

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: DAVID W. BLOOD

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date