

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000138

FILED  
Apr 27, 2010  
Secretary of State

**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  
Name: BLOOD, DAVID W  
Address: P.O. BOX 380443  
City-St-Zip: MURDOCK, FL 33938

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

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

Title: SD  
Name: SCHMELZER, KRISTINE  
Address: PO BOX 380443  
City-St-Zip: MURDOCK, FL 33938

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

Title: TD  
Name: MONTGOMERY, SHERRY  
Address: PO BOX 380443  
City-St-Zip: MURDOCK, FL 33938

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. BLOOD

PD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date