

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003464

**FILED  
Apr 25, 2004  
Secretary of State**

**Entity Name:** NEW HOPE MINISTRIES OF ST CLOUD CORP.

**Current Principal Place of Business:**

706 CYPRESS AVE  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

706 CYPRESS AVE  
ST CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVANT, JAMES W JR  
706 CYPRESS AVE  
ST CLOUD, FL 34769    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      CEO                      ( ) Change (X) Addition  
Name:                      AVANT JAMES W JR.,  
Address:                      706 CYPRESS AVE  
City-St-Zip:                      ST. CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES W AVANT JR

CEO

04/25/2004

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

\_\_\_\_\_ Date