

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N03000003464

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

Title: V () Delete
Name: AVANT, WARREN
Address: P.O. BOX 700069
City-St-Zip: ST. CLOUD, FL 347700069

Title: ST () Delete
Name: PARRIS, CLE
Address: P.O. BOX 700069
City-St-Zip: ST. CLOUD, FL 347700069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES AVANT

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04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date