

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008329

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** THE NEW TESTAMENT CHURCH OF GOD, WORD OF HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

164 COLLY WAY  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: REV. OSWALD CHAMBERS  
P.O. BOX 205  
SOUTH BAY, FL 33493

**New Mailing Address:**

**FEI Number:** 57-1185565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NEWMAN, GLAISTER  
164 COLLY WAY  
NORTH LAUDERDALE, FL 33068      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: REV      ( ) Delete  
Name: NEWMAN, GLAISTER  
Address: 164 COLLY WAY  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: CHAMBER, OSWALD  
Address: P.O. BOX 205  
City-St-Zip: SOUTH BAY, FL 33493

Title: VP      ( ) Delete  
Name: GORDON, LOUISE  
Address: 625 PINE CIRCLE  
City-St-Zip: GREEN ACRES, FL 33463

Title: S      ( ) Delete  
Name: THOMPSON, IVY  
Address: 1621 QUAIL DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MD      ( ) Delete  
Name: GLOVER, SHARON  
Address: 4771 N.W. 10TH COURT, APT 104  
City-St-Zip: PLANTATION, FL 33313

Title: V      ( ) Delete  
Name: LOCKE, SYLVIA  
Address: 1316 NORTH MANGONIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**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:

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: OSWALD CHAMBERS

D

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date