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

FILED Sep 02, 2004 8:00 am Secretary of State

8/3/.

08-03-2004 90009 031 ****70.00 DOCUMENT # N03000010644 1. Entity Name
NEW HOPE LIFE CENTER INC. Principal Place of Business Mailing Address 66433041 P.O. BOX 1003 P.O. BOX 1003 GRETNA, FL 32332 GRETNA, FL 32332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07222004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 30 - 0257173 City & State .. Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLESTON, TERRY 7385 HAVANA HWY Street Address (P.O. Box Number is Not Acceptable) HAVANA, FL 32333 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. IIILE Delete CHARLESTON, TERRY NAME NAME STREET ADDRESS 7385 HAVANA HWY STREET ADDRESS HAVANA, FL 32333 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BETHEA, BRENDA NAME NAME 1095 HUTCHINSON FERRY RD STREET ADDRESS STREET ADDRESS CITY: ST-ZIP BAINBRIDGE, GA CITY-ST-ZIP n TITLE ☐ Delete tilLE ☐ Change ☐ Addition MCSWAIN, KATRINE NAME NAME STREET ADDRESS 329 S SHADOW ST STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP TITLE TICLE Change ☐ Delate NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Dejeta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP INTE ☐ Addition ☐ Delete ☐ Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP 12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

2085

NO30001064X

66433541

002085.131450.0010.001 1 MB 0.309 702

Date of this notice: 06-23-2004

Employer Identification Number: 30-0257173

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

NEW HOPE LIFE CENTER % NANCY GEE PO BOX 1003 GRETNA FL 32332

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 30-0257173. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- . Use this EIN and your name exactly as they appear above on all your federal tax forms.

Thank you for your cooperation.