


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010644		
1. Entity Name NEW HOPE LIFE CENTER INC.		

Principal Place of Business P.O. BOX 1003 GRETNA, FL 32332	Mailing Address P.O. BOX 1003 GRETNA, FL 32332
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 DEC 20 PM 3: 58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10232008 REIN-NP	CR2E099 (11/05)	06
4. FEI Number 30-0257173		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

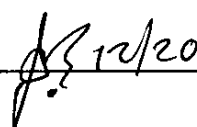
6. Name and Address of Current Registered Agent	
CHARLESTON, TERRY 7385 HAVANA HWY HAVANA, FL 32333	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 	12-19-06
Signature required or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLESTON, TERRY 7385 HAVANA HWY HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800082681973 12/20/06--01049--002 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEA, BRENDA 1095 HUTCHINSON FERRY RD BAINBRIDGE, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSWAIN, KATRINE 329 S SHADOW ST QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: 	12-19-06 459-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone