


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep-11, 2007 08:00 AM**  
**Secretary of State**

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|---|---|
| <b>DOCUMENT # N03000010644</b><br>1. Entity Name<br>NEW HOPE LIFE CENTER INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 1003<br>GRETN, FL 32332 | Mailing Address<br>P.O. BOX 1003<br>GRETN, FL 32332 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



08312007 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>30-0257173   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>CHARLESTON, TERRY<br>7385 HAVANA HWY<br>HAVANA, FL 32333 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |  |
|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHARLESTON, TERRY<br>7385 HAVANA HWY<br>HAVANA, FL 32333     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BETHEA, BRENDA<br>1095 HUTCHINSON FERRY RD<br>BAINBRIDGE, GA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MC SWAIN, KATRINE<br>329 S SHADOW ST<br>QUINCY, FL 32351     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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09/11/07-80007-031 70.00

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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:** Brenda Bethea 9/11/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #