

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010644

1. Entity Name
NEW HOPE LIFE CENTER INC.



Principal Place of Business
P.O. BOX 1003
GRETN, FL 32332

Mailing Address
P.O. BOX 1003
GRETN, FL 32332

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08272008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
30-0257173

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLESTON, TERRY
7385 HAVANA HWY
HAVANA, FL 32333

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IN THIS SPACE**

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)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000958925
09/03/08-80009-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLESTON, TERRY 7385 HAVANA HWY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEA, BRENDA 1095 HUTCHINSON FERRY RD BAINBRIDGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSWAIN, KATRINE 329 S SHADOW ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Brenda Bethea

Aug 27, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #