2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N03000010644

Entity Name: NEW HOPE LIFE CENTER INC.

Current Principal Place of Business:

P.O. BOX 1003
GRETNA, FL 32332

New Principal Place of Business:

602 LEE PARRAMORE ROAD
MT. PLEASANT, FL 32352

Current Mailing Address:

P.O. BOX 1003
GRETNA, FL 32332

New Mailing Address:

POST OFFICE BOX 1003
GRETNA, FL 32332

FEI Number: 30-0257173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHARLESTON, TERRY
7385 HAVANA HWY
HAVANA, FL 32333 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: D ( ) Delete
Name: CHARLESTON, TERRY
Address: 7385 HAVANA HWY
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: BETHEA, BRENDA
Address: 1095 HUTCHINSON FERRY RD
City-St-Zip: BAINBRIDGE, GA

Title: D ( ) Delete
Name: MCSWAIN, KATRINE
Address: 329 S SHADOW ST
City-St-Zip: QUINCY, FL 32351

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:

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: BRENDA BETHEA D 08/24/2009
Electronic Signature of Signing Officer or Director — Date