2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N04000005179

Entity Name: NEW HOPE MINISTRIES OF SANFORD, INC.

Current Principal Place of Business:

680 WEST STATE ROAD 434
SUITE 101
WINTER SPRINGS, FL 32708

New Principal Place of Business:

2425 S. PARK AVENUE
SANFORD, FL 32771

Current Mailing Address:

1818 PALOMA AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 42-1631771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRINGER, NEIL M
1818 PALOMA AVENUE
SANFORD, FL 32771 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: TD ( ) Delete
Name: BLAKE, REVEREND EMORY
Address: 3709 PEACEPIPE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: MD ( ) Delete
Name: CHAMBERS, JR., RALPH MD
Address: 680 MUSCOVY, APT. H
City-St-Zip: DELAND, FL 32720

Title: PD ( ) Delete
Name: STRINGER, NEIL MICHAEL
Address: 1818 PALOMA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete
Name: STRINGER, SUZANNE S
Address: 1818 PALOMA AVENUE
City-St-Zip: SANFORD, FL 32771

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL M STRINGER PD 03/17/2006

Electronic Signature of Signing Officer or Director Date