

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005179

FILED
Apr 27, 2009
Secretary of State

Entity Name: NEW HOPE MINISTRIES OF SANFORD, INC.

Current Principal Place of Business:

1403 MEDICAL PLAZA DRIVE
100
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1403 MEDICAL PLAZA DRIVE
100
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
1531 STONE TRAIL
STONE ISLAND
ENTERPRISE, FL 32725 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: BLAKE, REVEREND EMORY
Address: 3709 PEACEPIPE DRIVE
City-St-Zip: ORLANDO, FL 32829

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

Title: PD () Delete
Name: STRINGER, NEIL MICHAEL PH.D.
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

Title: D () Delete
Name: NELSEN, KAAREN
Address: 484 ALINOLE LOOP
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLAKE, EMORY REV
Address: 2601 KINGS ROAD
City-St-Zip: SANFORD, FL 32771

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

Title: PD (X) Change () Addition
Name: STRINGER, NEIL MICHAEL PH.D.
Address: 1531 STONE TRAIL
City-St-Zip: ENTERPRISE, FL 32725

Title: SD (X) Change () Addition
Name: STRINGER, SUZANNE S
Address: 1531 STONE TRAIL
City-St-Zip: ENTERPRISE, FL 32771

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: NEIL M STRINGER

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date