

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010295

FILED  
Oct 12, 2006  
Secretary of State

**Entity Name:** NEW HOPE MINISTRIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3353 KINGSWOOD DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

415 WATERSIDE LANE  
NOKOMIS, FL 34275

**Current Mailing Address:**

3353 KINGSWOOD DR  
SARASOTA, FL 34232

**New Mailing Address:**

415 WATERSIDE LANE  
NOKOMIS, FL 34275

FEI Number: 20-1128750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CONSTANTINOS, PETER  
3353 KINGSWOOD DR  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

RHODES, DENNIS E DR.  
415 WATERSIDE LANE  
NOKOMIS, FL 34275 US

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: DR. DENNIS E. RHODES

10/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CONSTANTINOS, PETER  
Address: 3353 KINGSWOOD DR  
City-St-Zip: SARASOTA, FL 34232

Title: DS ( ) Delete  
Name: RHODES, DENNIS DR  
Address: 420 SOUTH NOKOMIS AVE  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RHODES, DR. DENNIS  
Address: 415 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: DS (X) Change ( ) Addition  
Name: RHODES, TRACY  
Address: 415 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

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: DR. DENNIS E. RHODES

DP

10/12/2006

Electronic Signature of Signing Officer or Director

Date