2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010134

Entity Name: NEW HOPE ALLIANCE CHURCH INC.

FILED Aug 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21010 STATE ROAD 54 LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

P.O. BOX 340515 TAMPA, FL 33694

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

STUTZMAN, CARL B STUTZMAN, CARL B

2510 VINY COURT 16005 HAMPTON VILLAGE DRIVE

TAMPA, FL 33618 US TAMPA, FL 33624 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: REV. B. CARL STUTZMAN 08/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 STUTZMAN, CARL B REV.
 Name:
 STUTZMAN, CARL B REV.

 Address:
 6002 LAKESIDE DRIVE
 Address:
 6002 LAKESIDE DRIVE

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 LUTZ, FL 33558

Title: TREA (X) Delete Title: () Change () Addition

 Name:
 CHRISTIAN, ORELLANA
 Name:

 Address:
 6002 LAKESIDE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 LARRY, SCHULTZ
 Name:

 Address:
 6002 LAKESIDE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 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: REV. B. CARL STUTZMAN PRES 08/22/2008