

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N07000003689

Entity Name: NEW HOPE COMMUNITY CHURCH OF MILTON, FLORIDA, INC.

**Current Principal Place of Business:**

5283 GOSHAWK DRIVE  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

5283 GOSHAWK DRIVE  
MILTON, FL 32570

**New Mailing Address:**

FEI Number: 20-8856485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, JONATHAN  
5283 GOSHAWK DRIVE  
MILTON, FL 32570    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: PD      ( ) Delete  
Name: WILLIAMS, JONATHAN P SPASTOR  
Address: 5283 GOSHAWK DRIVE  
City-St-Zip: MILTON, FL 32570

Title: VPD      ( ) Delete  
Name: MILLER, RICK  
Address: 5953 RIDGEVIEW DRIVE  
City-St-Zip: MILTON, FL 32570

Title: STD      ( ) Delete  
Name: HOLT, DAN  
Address: 6000 MAYBERRY LANE  
City-St-Zip: MILTON, FL 32570

**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: JONATHAN P. WILLIAMS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date