

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008498

FILED
Sep 08, 2008
Secretary of State

Entity Name: NEW HOPE OF PANAMA CITY, INC.

Current Principal Place of Business:

804 EAST 15TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 35397
PANAMA CITY, FL 324125397

New Mailing Address:

FEI Number: 26-1616295 FEI Number Applied For () 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:

WOODS, JOE
804 EAST 15TH STREET
PANAMA CITY, FL 32405 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRUCE, SR., JOHN T
Address: 920 CENTER AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: HAAG, BARBARA
Address: 1212 DEWITT STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: SHAFFER, KEN
Address: 1911 CLAY AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: TRUMBULL, JR., DEN
Address: 804 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Delete
Name: WELKER, WAYNE
Address: 1206 FAIRLAND AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAAG, BARBARA
Address: 404 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D (X) Change () Addition
Name: TRUMBULL, JAY
Address: 2708 LONGLEAF RD
City-St-Zip: PANAMA CITY, FL 32405

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: WILLIAM J. WOODS

D

09/08/2008

Electronic Signature of Signing Officer or Director

Date