

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011263

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** NEW HOPE CHRISTIAN COUNSELING, INC.

**Current Principal Place of Business:**

450 LEE AVENUE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 372388  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 77-0706373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, NICHOLAS W  
450 LEE AVENUE  
SATELLITE BEACH, FL 32937 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  
Name: SMITH, NICHOLAS W  
Address: 514 BAY CIRCLE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D  
Name: SMITH, LINDA  
Address: 514 BAY CIRCLE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D  
Name: HEIMLICH, KIRK W  
Address: 202 TERRACE SHORES DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

**SIGNATURE:** NICHOLAS SMITH

REV

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date