


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N10452</b> 1. Entity Name <b>NEW HOPE LOVE OF GOD, INCORPORATED</b>	
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Principal Place of Business <b>643 COKE AVE WINTER GARDEN, FL 34787 US</b>	Mailing Address <b>740 SOUTH PARK AVE. WINTER GARDEN, FL 34787</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**STEPHENS, CHARLES ALLEN  
740 PARK AVE.  
WINTER GARDEN, FL 34787**

**DO NOT WRITE  
IN THIS SPACE**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Charles A. Stephens*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

8. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

100000585523  
01/16/07-80016-011 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, CHARLES A 740 PARK AVE. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIFORD, WALTER J EVERGREEN APTS 109 BAY ST #8 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHENS, PATRICIA 740 PARK AVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEMING, BERNESE 12512 EDGE HILL DR GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FOWLER, QUEEN 741 BURCH AVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles A. Stephens*      1/8/07      407-656-1284  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      Daytime Phone #