2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90053 037 ****70.00

DOCUMENT # N10452

1. Entity Name
NEW HOPE LOVE OF GOD, INCORPORATED

Principal Place of Business
643 COKE AVE
WINTER GARDEN, FL 34787 US

Mailing Address
740 SOUTH PARK AVE.
WINTER GARDEN, FL 34787

01222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEPHENS, CHARLES ALLEN
740 PARK AVE.
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	☐ Change ☒ Addition
NAME	Allen Stephens	
STREET ADDRESS	1838 Stuckey Rd.	
CITY-ST-ZIP	Groveland, FL. 34736	

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 — 1/23/08 — 407-656-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #