## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10452

FILED Jun 08, 2009 Secretary of State

Entity Name: NEW HOPE LOVE OF GOD, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 643 COKE AVE WINTER GARDEN, FL 34787 LIS **Current Mailing Address: New Mailing Address:** 740 SOUTH PARK AVE. 77 VALENCIA RD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: STEPHENS, CHARLES ALLEN PATRICIA STEPHENS 740 PARK AVE 77 VALENCIA RD. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 US 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: PATRICIA STEPHENS 06/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition STEPHENS, CHARLES A Name: Name: 740 PARK AVE. Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: STD (X) Change ( ) Addition STEPHENS, PATRICIA Name: STEPHENS, PATRICIA Name: Address: 740 PARK AVE Address: 77 VALENCIA RD City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: STD () Delete Title: () Change () Addition FLEMING, BERNESE Name: Name: Address: 12512 EDGE HILL DR Address: City-St-Zip: GROVELAND, FL City-St-Zip: Title: TR ( ) Delete Title: () Change () Addition FOWLER, QUEEN Name: Name: 741 BURCH AVE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition STEPHENS, ALLEN Name: Name: 1838 STUCKEY RD Address: Address: City-St-Zip: GROVELAND, FL 34736 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: PATRICIA STEPHENS STD 06/08/2009