
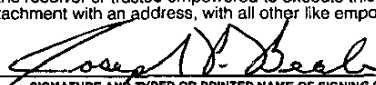


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90089 050 \*\*\*\*70.00

<b>DOCUMENT # N29559</b> 1. Entity Name <b>NEW HOPE PRESBYTERIAN CHURCH IN AMERICA, INC.</b>					
Principal Place of Business <b>19535 EUSTIS AIRPORT RD. EUSTIS, FL 32736 US</b>			Mailing Address <b>19535 EUSTIS AIRPORT RD. EUSTIS, FL 32736 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01212006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2905083</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRAVES, JOHN ARTHUR 29123 CROSBY RD. TAVARES, FL 32778</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVES, JOHN ARTHUR		NAME		
STREET ADDRESS	29123 CROSBY RD.		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESLIE, CRAIG		NAME		
STREET ADDRESS	1028 SCOTCH PINE CT		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALL, DAVID		NAME		
STREET ADDRESS	32400 EQUESTRIAN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHER, CHARLES W		NAME		
STREET ADDRESS	1500 LAKE DORA DR		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROHRDANZ, FRED		NAME		
STREET ADDRESS	34900 LONE PINE LANE		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32736		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TREASURER</b>	
STREET ADDRESS			STREET ADDRESS	<b>JOSEPH P. BEALE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>7185 SCOTT AVENUE</b>	
			<b>TANGERINE, FL 32777-0493</b>		
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.					
<b>SIGNATURE:</b> 			<b>JOSEPH P. BEALE</b> <b>TREASURER</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>01/21/06</b> (352) 483-3833		