

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90037 050 ****61.25

50005451



03092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N30807 1. Entity Name NEW HOPE ASSEMBLY OF GOD CHURCH INC.					
Principal Place of Business 9550 CHUMUCKLA HWY HWY 197 JAY, FL 32565 US			Mailing Address 9550 CHUMUCKLA HWY JAY, FL 32565 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2646228	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOWLER, BILLY 4964 WEST SPEERFIELD ROAD APT 7 PACE, FL 32571			Name James Miller Street Address (P.O. Box Number is Not Acceptable) 2624 Highway 178 City Jay FL Zip Co 32565		
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: <i>James C Miller</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 3/31/06 <small>(NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JIM		NAME		
STREET ADDRESS	2624 HIGHWAY 178		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNLEY, NADINE		NAME		
STREET ADDRESS	9331 CHUMUCKLA HWY.		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32571		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DEBORAH		NAME		
STREET ADDRESS	2624 HIGHWAY 178		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, CHARLES		NAME		
STREET ADDRESS	2201 HWY 182		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLING, KEITH		NAME		
STREET ADDRESS	6704 MARTIN RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James C Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/21/06 <small>Daytime Phone #</small>		