

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34458

FILED  
Jul 26, 2005  
Secretary of State

Entity Name: NEW HOPE COVENANT COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

5351 EDGEWATER DR.  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

PO BOX 680890  
ORLANDO, FL 32810 US

**Current Mailing Address:**

5351 EDGEWATER DR.  
ORLANDO, FL 32810 US

**New Mailing Address:**

PO BOX 680890  
ORLANDO, FL 32868 US

FEI Number: 59-3044105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

COLLER, FRED  
7244 GRAY SHADOW CT.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLER, FRED  
Address: 7244 GRAY SHADOW CT.  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: COLLER, BRIAN  
Address: 3328 CALLOWAY ST  
City-St-Zip: ORLANDO, FL

Title: STD ( ) Delete  
Name: COLLER, SAUNDRA  
Address: 7244 GRAY SHADOW CT  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED COLLER

PD

07/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date