2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35116

Feb 15, 2008 Secretary of State

Entity Name: BRANDON NEW HOPE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF BRANDON,

FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1607 LITHIA PINECREST ROAD BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

1607 LITHIA PINECREST ROAD BRANDON, FL 33511

FEI Number: 59-2811148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HORNE, ROBERT J II SHORT, ROBERT G 1607 LITHIA PINECREST ROAD 1607 LITHIA PINECREST ROAD

BRANDON, FL 33511 BRANDON, FL 33511

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: ROBERT G. SHORT 02/15/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

FIELDS, JACQUELYN P Name: Name: 3645 TWILIGHT DR. Address: Address: City-St-Zip: MULBERRY, FL 33860 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: ALMOND, CHERYL E Name: ALMOND, CHERYL E

Address: 3008 AVALON TERRACE DR. Address: 3008 AVALON TERRACE DR. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 US

Title: () Delete Title: (X) Change () Addition

STEVENS, SANDRA Name: STEVENS, SANDRA Name: 1705 POWDER RIDGE DRIVE 1705 POWDER RIDGE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 US

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: JACQUELYN P. FIELDS D 02/15/2008