
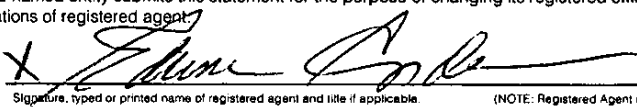
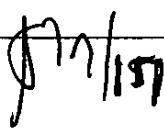



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N42345</b> 1. Entity Name <b>HOMESTEAD NEW HOPE ASSEMBLY OF GOD, INC.</b>					
Principal Place of Business <b>29351 SW 169 AVE HOMESTEAD, FL 33030</b>			Mailing Address <b>29351 S.W. 169 AVENUE HOMESTEAD, FL 33030</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07102008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>65-0471616</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCCORMICK, ARTHUR F. 7550 RED ROAD SUITE 203 MIAMI, FL 33143</b>			Name <b>Edwin Cordero</b> Street Address (P.O. Box Number is Not Acceptable) <b>17440 SW 296 St.</b> <b>Homestead FL 33030</b> 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 					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM CORDERO, EDWIN 17440 SW 296 ST HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS FERRELL, LINDA 522 NW 6 AVE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR OVIEDO, MARIA 50 SW 6 AVE #702 FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TARVIN, SINA 39600 SW 215 AVE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THORPE, RAY 26691 SW 187 AVE HOMESTEAD, FL 33031</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ORELLANA, RUBEN 11631 SW 184 ST MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Edwin cordero 17440 SW 296 St. Homestead, FL 33030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>100133268051 07/22/08--01011--007 **\$61.25</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Maria Oviedo 50 SW 6 Ave # 702 Florida City, FL 33034</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  Edwin Cordero 7/11/08 305-979-1345</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED  
08 JUL 15 PM 12:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Page 2

Title  
Name  
Street Address  
City, St., Zip

D  
Marina Coakley  
10880 SW 156 St.  
Miami, FL 33157

[ ] Change    [X] Addition