2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N46341

Entity Name: NEW HOPE INTERNATIONAL OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

3426 CRAWFORDVILLE RD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

3426 CRAWFORDVILLE RD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 52-1766140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFARLANE, PAULETTE
3115 HAWKS LANDING DRIVE
TALLAHASSEE, FL 32308 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: DP ( ) Delete
Name: BAKER, JOHN E.
Address: 8772 MILES JOHNSON ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: BAKER, ANN-MARIE
Address: 8772 MILES JOHNSON ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: MCFARLANE, WINSTON
Address: 3115 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: S ( ) Delete
Name: MCFARLANE, PAULETTE
Address: 3115 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: O ( ) Delete
Name: WILLIAMS, CLOVEL J
Address: 2136 SHADY OAK DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: O ( ) Delete
Name: GREEN, GERALDINE
Address: 1772 RIVERBIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

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:

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 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: PAULETTE MCFARLANE S 04/29/2009

Electronic Signature of Signing Officer or Director — Date