


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90053 011 ****61.25

DOCUMENT # N46792 1. Entity Name NEW THOUGHT CHURCH, INC.					
Principal Place of Business 12301 DURANGO AVE NORTH PORT, FL 34287 US			Mailing Address 12301 DURANGO AVE NORTH PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State City State			4. FEI Number 65-0305061		
Zip Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, JULIETTE-REV 12301 DURANGO AVE NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME JONES, JULIETTE G STREET ADDRESS 12301 DURANGO AVE CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUFNER, GUNTER STREET ADDRESS 2170 NE 51 CT B-29 CITY-ST-ZIP FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SAWYER, CONRAD STREET ADDRESS 1413 N 58TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME Marcus H. Karavan STREET ADDRESS 3311 New Jersey Ave. CITY-ST-ZIP WILDWOOD, NJ 08260	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DANSEL, DARCY STREET ADDRESS 941 SOUTH NORTHLACE DR CITY-ST-ZIP HOLLYWOOD, FL 330191312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME WILSON, MARIE STREET ADDRESS 12239 DURANGO AVE CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: <i>Juliette Jones, Pres.</i>			3/1/2008 941-237-1195		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		