

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48015

FILED
Apr 24, 2007
Secretary of State

Entity Name: NEW HOPE FAITH TEMPLE OF JESUS CHRIST, INC.

Current Principal Place of Business:

3050 MICHIGAN AVE
FORT MYERS, FL 33916

New Principal Place of Business:

23210 AVENUE D
ALVA, FL 33920

Current Mailing Address:

202 CANTON AVE
LEHIGH ACRES, FL 33972 US

New Mailing Address:

FEI Number: 65-0326546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, JAMES E.
202 CANTON AVENUE
LEHIGH ACRES, FL 33972 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: NEAL, JAMES E.,
Address: 202 CANTON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VPD () Delete
Name: NEAL, CHARLOTTE E.,
Address: 202 CANTON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD () Delete
Name: BASKIN, JOYCE
Address: 202 CANTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T () Delete
Name: WOODARD, JACKIE
Address: 1035 WINDSOR DR
City-St-Zip: FORT MYERS, FL 33905

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E. NEAL, SR.

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date