2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001617

FILED Mar 24, 2009 Secretary of State

Entity Name: NEW HOPE MINISTRIES OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 307 DEEN BLVD AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** P.O. BOX 41 AUBURNDALE, FL 33823 FEI Number: 59-3635370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARLING, AUBREY L 214 PIKE STREET AUBURNDALE, FL 33823 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STARLING, AUBREY L Name: Name: 214 PIKE ST Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: VD Title: () Delete () Change () Addition STARLING, DOROTHY A Name: Name: Address: 214 PIKE ST Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: STD () Delete Title: STD (X) Change () Addition GIBSON, DORIS GIBSON, DORIS Name: Name: 3010 DONOVAN DR., APT. 6 Address: 133 JAMES ST Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 () Delete Title: Title: () Change () Addition ELLIS, RICKY Name: Name: 529 SUNRISE BLVD Address: Address: City-St-Zip: POLK CITY, FL 33868 City-St-Zip: Title: () Delete Title: () Change () Addition SPEARS, NORMA Name: Name: 107 ARIANA PL Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change (X) Addition DAVIS, LEWIS Name: Name: Address: Address: 1211 32ND ST. N.W. WINTER HAVEN, FL 33881 City-St-Zip: 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: AUBREY L STARLING P 03/24/2009