

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002320

Entity Name: NEW HOPE CHRISTIAN FELLOWSHIP, INC.

FILED  
Jul 31, 2004  
Secretary of State

## Current Principal Place of Business:

7565 RED BUG LAKE RD  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

3585 JERICO DR  
CASSELBERRY, FL 32707 US

## New Mailing Address:

FEI Number: 59-3183249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOX, JOHN L  
3585 JERICO DR  
CASSELBERRY, FL 32707 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: KELLER, RICHARD  
Address: 1047 NEELY ST  
City-St-Zip: OVIEDO, FL 32765

Title: ST ( ) Delete  
Name: CINTRON, AUDREY  
Address: 1002 HENSON CT  
City-St-Zip: OVIEDO, FL 32765

Title: V ( ) Delete  
Name: KOCH, CAROL  
Address: 1413 PLYWOOD ST  
City-St-Zip: FERN PARK, FL

Title: D ( ) Delete  
Name: FOX, JOHN  
Address: 3585 JERICO DR  
City-St-Zip: CASSELBERRY, FL

Title: D (X) Delete  
Name: CARTLEDGE, SHIRLY  
Address: 2660 TUSKAWILLA RD  
City-St-Zip: OVIEDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOVETT, WILLIAM  
Address: 1413 PLYWOOD ST  
City-St-Zip: FERN PARK, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SHIRLEY, CARTLEDGE  
Address: 2660 TUSKAWILLA RD.  
City-St-Zip: OVIEDO, FL 32765

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 Section 119.07(3)(i), 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: JOHN L. FOX

D

07/31/2004

Electronic Signature of Signing Officer or Director

Date