2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005742

1. Entity Name
NEW HOPE NEW FAITH MINISTRIES, INCORPORATED

FILED
04 JUN 22 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3974 NOVEY CIRCLE TALLAHASSEE, FL 32311 US	PO BOX 6265 TALLAHASSEE, FL 32314

06222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3227494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTIC, GLENN F
2824 BOTANY PLACE
TALLAHASSEE, FL 32301-7117

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOSTIC, GLENN F
STREET ADDRESS	2824 BOTANY PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VD
NAME	BOSTIC, DEBORAH C
STREET ADDRESS	2824 BOTANY PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	LYNN, GWENDOLYN R
STREET ADDRESS	207 BRAGG DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	SD
NAME	TRIPLETT, ANTHONY
STREET ADDRESS	41 D STREET
CITY-ST-ZIP	LOWELL, MA 01852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/22/04--01049--009 **70.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gwendolyn R. Lynn June 21, 2004 (850) 574-3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #