

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005742

FILED
Sep 02, 2009
Secretary of State

Entity Name: NEW HOPE NEW FAITH MINISTRIES, INC.

Current Principal Place of Business:

5552 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6265
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3227494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSTIC, GLENN F
3974 WOODVILLE HWY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BOSTIC, GLENN F
5552 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32314 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: GLENN F. BOSTIC (GRL)

09/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSTIC, GLENN F
Address: 2824 BOTANY PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: BOSTIC, DEBORAH C
Address: 2824 BOTANY PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: LYNN, GWENDOLYN R
Address: 2128 SEMINOLE DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: TRIPLETT, ANTHONY
Address: 41 D STREET
City-St-Zip: LOWELL, MA 01852 US

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: SD (X) Change () Addition
Name: TRIPLETT, ANTHONY
Address: P.O. BOX 9601
City-St-Zip: LOWELL, MA 01853 US

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: GWENDOLYN R. LYNN

TD

09/02/2009

Electronic Signature of Signing Officer or Director

Date