


2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005742		
1. Entity Name NEW HOPE NEW FAITH MINISTRIES, INC.		

FILED

12 MAR 13 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2236 CAPITAL CIR. N.E. SUITE 203 TALLAHASSEE, FL 32308 US	Mailing Address PO BOX 6265 TALLAHASSEE, FL 32314
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3559 Timberlane School Rd City & State Tallahassee Zip 32312	3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country
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03132012 REIN-NP CR2E099 (12/11)

6. Name and Address of Current Registered Agent BOSTIC, GLENN F 2236 CAPITAL CIRCLE NE SUITE 203 TALLAHASSEE, FL 32308	
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4. FEI Number 59-3227494	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Gwendolyn B. Lynn Street Address (P.O. Box Number is Not Acceptable) 2128 Seminole Dr. City Tallahassee City FL Zip Code 32301	
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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.	
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SIGNATURE Gwendolyn B. Lynn Signature typed or printed name of registered agent and title if applicable.	DATE March 13, 2012 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BOSTIC, GLENN F 2824 BOTANY PLACE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BOSTIC, DEBORAH C 2824 BOTANY PLACE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300224604783 03/13/12--01011--014 **306.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LYNN, GWENDOLYN R 2128 SEMINOLE DR. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TRIPLETT, ANTHONY P.O. BOX 9601 LOWELL, MA 01853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 11-12
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MAR 13 2012 T. CAULEY

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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	
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SIGNATURE: Gwendolyn B. Lynn	Date: 3/13/2012	E MAIL ADDRESS: lynga@leonschools.net
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