

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000005742

FILED  
Oct 07, 2014  
Secretary of State

**Entity Name:** NEW HOPE NEW FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

3559 TIMBERLANE SCHOOL RD  
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)**

**Name and Address of Current Registered Agent:**

LYNN, GWENDOLYN R  
2128 SEMINOLE DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

THOMAS, GWENDOLYN L  
2128 SEMINOLE DRIVE  
TALLAHASSEE, FL 32301 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: GWENDOLYN L. THOMAS

10/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOSTIC, DEBORAH C  
Address: 2824 BOTANY PLACE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: BOD  
Name: CAMBRIDGE, VANDOLYN  
Address: 4495 SHELFER ROAD APT. A-9  
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: TD  
Name: THOMAS, GWENDOLYN L  
Address: 2128 SEMINOLE DR.  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: SD  
Name: CLAYTON, BRANDON  
Address: 1754 BEECHWOOD CIRCLE NORTH  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN L. THOMAS

TD

10/07/2014

Electronic Signature of Signing Officer or Director

Date