


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 029 ****61.25

DOCUMENT # N94000001565	
1. Entity Name NEW HOPE MINISTRIES OF TALLAHASSEE, INC.	

Principal Place of Business 2725 FL/GA HIGHWAY HAVANA, FL 32333	Mailing Address PO BOX 828 HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40002000



03152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROESSLER, RONALD REV 4318 SHERBORNE ROAD TALLAHASSEE, FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROESSLER, RONALD REV.			NAME			
STREET ADDRESS	4318 SHERBORNE ROAD			STREET ADDRESS	881 FERN Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	HAVANA, FL 32333		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLOUNT, EUGENE M			NAME	George M. Herndon		
STREET ADDRESS	ROUTE 1, BOX 1772			STREET ADDRESS	7980 Blountstown Hwy		
CITY-ST-ZIP	HAVANA, FL 32333			CITY-ST-ZIP	Tallahassee, FL 32310		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, FRANKLIN D			NAME	Wilbert J. Peacock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5101 PIMLICO DRIVE			STREET ADDRESS	4205 BEN Blvd		
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEEL, DAVE			NAME			
STREET ADDRESS	493 BEAR CREEK RD			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAMBA, SUNJAI			NAME			
STREET ADDRESS	1239 GREENSWARD DR.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP			
TITLE	m/d	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, HENRY M			NAME			
STREET ADDRESS	493 BEAR CREEK RD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

850-539-9888

Daytime Phone #