2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N94000001565

Entity Name: NEW HOPE MINISTRIES OF TALLAHASSEE, INC.

Current Principal Place of Business:

2725 FL/GA HIGHWAY
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

PO BOX 828
HAVANA, FL 32333

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROESSLER, RONALD REV
4318 SHERBORNE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ROESSLER, RONALD REV.	
Address:	4318 SHERBORNE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TD	( ) Delete
Name:	BLOUNT, EUGENE M	
Address:	881 FERN ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	PHILLIPS, FRANKLIN D	
Address:	5101 PIMLICO DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	KEEL, DAVE	
Address:	702 POTTER WOODBERRY	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	PEACOCK, WILBERT J	
Address:	4205 BEN BLVD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	WATSON, HENRY M	
Address:	493 BEAR CREEK RD.	
City-St-Zip:	QUINCY, FL 32351	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: HENRY M. WATSON D 01/23/2009

Electronic Signature of Signing Officer or Director — Date