

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006345 1. Entity Name NEW HOPE WORD OF LIFE CHURCH, INC.					
Principal Place of Business 501 GILBERT ST. TITUSVILLE FL 32780 US			Mailing Address 2795 VENUS DRIVE TITUSVILLE FL 32796 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3298712	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, OSCAR REV 501 GILBERT ST. TITUSVILLE FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTGOMERY, OSCAR C REV 2795 VENUS DR. TITUSVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTGOMERY, CATHERINE 2795 VENUS DR. TITUSVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOW, JOECEPHUS JR 2639 BRIARCLIFF WAY MIMS FL 32754	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BATTLE, LULA M 2760 VENUS DRIVE TITUSVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BATTLE, JIMMY 2720 VENUS DRIVE TITUSVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add			
U00000518488 05/02/06-80014-004 61.25					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Paul Moore*