



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90150 019 ****70.00

DOCUMENT # N96000002987 1. Entity Name NEW HOPE FIRST COMMUNITY CHURCH, INC.					
Principal Place of Business 500 GULFSTREAM BLVD #101 / 102 DELRAY BEACH, FL 33483			Mailing Address 500 GULFSTREAM BLVD #101 / 102 DELRAY BEACH, FL 33483		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0675004				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCATORCHIA, ALBERT 5698 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name - <i>SAME AS (6)</i> 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 <i>Albert Scatorchia</i> <i>Feb 20, 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAGLIANO, ROBERT <input type="checkbox"/> Delete 6222 NW 23 ST BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PORRAS, NELLIE <input type="checkbox"/> Delete 10470 GOLD LEAF DR BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRANK, GEORGE <input type="checkbox"/> Delete 1219 SW 22 AVE BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOLLONIA, RUSSELL <input checked="" type="checkbox"/> Delete 4950 ARENE WAY LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. ROSS, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2789 FLORIDA MANGO #403 LAKE WORTH FL. 33461	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Albert Scatorchia</i> <i>2-20-05</i> <i>561-921</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

637-3320
921-0069 Church