


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90114 043 \*\*\*\*70.00

<b>DOCUMENT # N96000002987</b> 1. Entity Name <b>NEW HOPE FIRST COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>500 GULFSTREAM BLVD #101 DELRAY BEACH, FL 33483</b>			Mailing Address <b>500 GULFSTREAM BLVD #101 DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business <b>500 Gulfstream Blvd</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. <b>Same</b>			
City & State <b>Delray Beach FL</b>		City & State <b>Same</b>		4. FEI Number <b>65-0675004</b>	
Zip <b>33483</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCATORCHIA, ALBERT 5698 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484</b>				7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u>Albert Scatorchia</u> DATE <u>March 4, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAGLIANO, ROBERT 6222 NW 23 ST BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE SCATORCHIA, ALBERT 5698 ASPEN RIDGE CIRCLE DELRAY BEACH FL 33484
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PORRAS, NELLIE 10470 GOLD LEAF DR BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRANK, GEORGE 1219 SW 22 AVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REV. ROSS, WILLIAM 2789 FLORIDA MANGO #403 LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT</del> <b>Lingen, CHARLES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> <b>BRADLOW, TERRY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROAD MEMBER <b>PAZ DOR, ARMAND</b> <b>6405 SAGEWOOD WAY DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Albert Scatorchia</u> Date <u>3-6-06</u> Daytime Phone # <u>561-9210069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					