



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90008 033 ****70.00

DOCUMENT # N97000001149					
1. Entity Name NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.					
Principal Place of Business 511 BARN ST KISSIMMEE, FL 34744		Mailing Address 511 BARN ST KISSIMMEE, FL 34744		90127916	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		06302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3419412		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, GARY REV 515 BARN ST KISSIMMEE, FL 34744			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 <i>Gary D. Gray</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>7-9-07</i>	
Filing Fee is \$61.25 Due by September 14, 2007		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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GARY D PASTOR		NAME	Gray, Gary D. Bishop	
STREET ADDRESS	515 BARN STREET		STREET ADDRESS	515 BARN STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	O	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, ADBOULA		NAME	HOLLEY, ADBOULA PASTOR	
STREET ADDRESS	924 GARDEN STREET		STREET ADDRESS	924 GARDEN STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	O	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RAYMOND		NAME		
STREET ADDRESS	420 GARDEN ST		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTER, SANDRA D		NAME	Secretary	
STREET ADDRESS	2948 TAMPA AVE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSUELO. GRAY		NAME		
STREET ADDRESS	515 BARN ST.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TALLISA L. BELL	
STREET ADDRESS			STREET ADDRESS	304 DOLPHIN ST.	
CITY-ST-ZIP			CITY-ST-ZIP	KISSIMMEE, FL 34744	
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 life empowered.					
SIGNATURE: <i>Bishop Gary D. Gray</i>		07/09/07		321-299-8381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	