

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 24, 2008 8:00 am**  
**Secretary of State**

06-24-2008 90001 013 \*\*\*\*61.25

DOCUMENT # N97000001149  
 1. Entity Name  
 NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.



Principal Place of Business      Mailing Address  
 511 BARN ST                              511 BARN ST  
 KISSIMMEE, FL 34744                      KISSIMMEE, FL 34744

**40109028**



01042008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3419412      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRAY, GARY REV  
 515 BARN ST  
 KISSIMMEE, FL 34744

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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 Rev. Gary R. Gray      DATE 6/20/08  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing            **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRAY, GARY D BIS
STREET ADDRESS	515 BARN STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	<del>C</del> <sup>O</sup>
NAME	<del>HOLLEY ABOULA</del> <sup>COATS, EADY</sup>
STREET ADDRESS	<del>524 GARDEN STREET</del> <sup>1724 CRAWFORD ST.</sup>
CITY-ST-ZIP	<del>KISSIMMEE, FL 34744</del> <sup>ST. CLOUD FL, 34769</sup>
TITLE	O
NAME	MILLER, RAYMOND
STREET ADDRESS	420 GARDEN ST
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	CASTER, SANDRA D
STREET ADDRESS	2948 TAMPA AVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	T
NAME	CONSUELO, GRAY
STREET ADDRESS	515 BARN ST.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	AS
NAME	BELL, TALLISA L
STREET ADDRESS	304 DOLPHIN ST
CITY-ST-ZIP	KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**

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:**