

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001149

FILED
Jun 29, 2009
Secretary of State

Entity Name: NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.

Current Principal Place of Business:

511 BARN ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

511 BARN ST
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3419412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAY, GARY REV
515 BARN ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, GARY D BIS
Address: 515 BARN STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: EADY, COURT S
Address: 1724 CRAWFORD ST
City-St-Zip: SAINT CLOUD, FL 34769

Title: O () Delete
Name: MILLER, RAYMOND
Address: 420 GARDEN ST
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: CASTER, SANDRA D
Address: 2948 TAMPA AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: CONSUELO, GRAY
Address: 515 BARN ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: AS () Delete
Name: BELL, TALLISA L
Address: 304 DOLPHIN ST
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE GRAY

Electronic Signature of Signing Officer or Director

DIRE

06/29/2009

_____ Date