

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001339

1. Entity Name
**NEW HOPE HOLINESS WITH DELIVERANCE
MINISTRIES, INC.**



Principal Place of Business
**516 30TH ST E
PALMETTO, FL 34221**

Mailing Address
**P.O. BOX 2074
PALMETTO, FL 34220**



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887676	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, LARRY V
1419 17TH ST. EAST
BRADENTON, FL 34208**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT JOHNSON, LARRY 1419 17TH ST. EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT JOHNSON, SHEILA 1419 17TH ST. EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JUANITA 619 30TH ST. EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GIBSON, KERRI L 1013 10TH AVE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/06-80007-001 70.00

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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: Kerri L. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 Date

(941) 723-2893 Daytime Phone #