

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 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**



01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0887676

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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, 2007**

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

U00000643885
03/02/07-80020-012 61.25

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

2/13/07
Date

(941) 723-2893
Daytime Phone #

KERR L. Gibson