

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

**FILED**  
**Jan 24, 2008 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**



01142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0887676</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT JOHNSON, SHEILA 1419 17TH ST. EAST BRADENTON, FL 34208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JUANITA 619 30TH ST. EAST PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GIBSON, KERRI L 1013 10TH AVE WEST PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000795333  
01/28/08-80044-011 70.00

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

*1/20/08* **(941) 723-2893**  
Date Daytime Phone #