


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005092**  
 1. Entity Name  
**NEW HOPE UNITED METHODIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
**12725 ISTACHATTA ROAD SOUTH**      **P.O. BOX 43**  
**FLORAL CITY, FL 34436**      **ISTACHATTA, FL 34636 US**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-6142472**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRIES, JOHN**  
**12725 ISTACHATTA ROAD SOUTH**  
**FLORAL CITY, FL 34436**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004**

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	DP FRIES, JOHN 7487 AZELEA FLORAL CITY, FL 32636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAMAN, EDNA 8310 S. COVE POINT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, JOE 26103 GERONIMO ST BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STANGER, LORI 13330 S. ISTACHATTA RD FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MACDONALD, GLENN 28330 PETERSON CAMP RD ISTACHATTA, FL 34636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000010483  
 01/22/04-80033-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **John Fries, President**      1/11/2004      352 344-0678  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #