


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
**12725 ISTACHATTA ROAD SOUTH  
 FLORAL CITY, FL 34436**

Mailing Address  
**P.O. BOX 43  
 ISTACHATTA, FL 34636 US**



01062005 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, 2005**

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	

U00000187036  
 01/21/05-80084-009 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)(f), 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 **John Fries** 1/9/2005 352-748 8726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #