


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 7/ Aug 11, 2008 8:00 am
 7/ Secretary of State

07-17-2008 90084 001 ****61.25
 07-17-2008 90084 002 *****8.75

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

07082008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-6142472 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
 FRIES, JOHN
 12725 ISTACHATTA ROAD SOUTH
 FLORAL CITY, FL 34436

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 re-electing)

Filing Fee is \$61.25 Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FRIES, JOHN <i>Head of Trustees</i> 7487 AZALEA FLORAL CITY, FL 34438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOWMAN-MOORE, TERI <i>Trustee</i> 245 MT FAIR BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, FRANK O <i>President of the Administrative Council</i> 9829 LENOX DR. INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VONDERHORST, TED <i>TRUSTEE</i> 25284 ASH ST. BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Last name</i> H. Eugene Morris <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12219 Istachatta Road Floral City FL 34436 <i>Trustee</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MACDONALD, GLENN <i>Deceased</i> 28330 PETERSON CAMP RD ISTACHATTA, FL 34638 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MacDonald, Carol E. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 28330 Peterson Camp Rd Istachatta FL 34636 <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, ORVILLE <i>Trustee</i> P.O. BOX 284 NOBLETON, FL 34681 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *John O. Fries* 7/09/08 (352) 697-3897
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Day(s) Phone #