


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90003 043 *****70.00

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DOCUMENT # N98000002115 1. Entity Name NEW HOPE CHURCH OF GOD, INC.					
Principal Place of Business 910 PARSON AVE. SEFFNER, FL 33584			Mailing Address 11721 RHODINE RD. RIVERVIEW, FL 33569		
2. Principal Place of Business 910 Parson Ave. Suite, Apt. #, etc.			3. Mailing Address P.O. Box 1208 Suite, Apt. #, etc.		
City & State Seffner FL			City & State Suwannee FL		
4. FEI Number 59-3503822			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JACKSON, DOROTHY LEE 11721 RHODINE RD. RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name: Kenneth B. Jackson Street Address (P.O. Box Number is Not Acceptable): 11721 Rhodine Rd Kenneth B Jackson City: Riverview FL Zip Code: 33569		
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: <u>Dorothy L. Jackson</u> DATE: <u>6/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DOROTHY L	NAME		NAME	
STREET ADDRESS	11721 RHODINE RD	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKERSON, HELEN	NAME		NAME	
STREET ADDRESS	5308 PHAM AVE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MAEOLA V	NAME		NAME	
STREET ADDRESS	2621 28TH AVE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33605	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOE, LEALER M	NAME	DOE Lealer M	NAME	KENNETH B. JACKSON
STREET ADDRESS	2008 E MULBERRY DR., APT. B	STREET ADDRESS	3214 N16th St	STREET ADDRESS	11721 Rhodine Rd
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	Tampa FL 33605	CITY-ST-ZIP	SEFFNER FL 33584
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Dorothy Lee Jackson Pastor Dorothy L. Jackson</u> Date: <u>6/25/04</u> Daytime Phone #: <u>813 677 4158</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					