


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90004 024 \*\*\*\*61.25

**DOCUMENT # N99000007006**  
 1. Entity Name  
**NEW HOPE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business      Mailing Address  
 9600 W COLONIAL DR      9600 W COLONIAL DR  
 OCOEE FL 34761      OCOEE FL 34761  
 US      US

2. Principal Place of Business      3. Mailing Address  
**4300 LAKE MARGARET DR**      **4300 LAKE MARGARET DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orlando, FL**      **ORLANDO, FL**  
 Zip      Country      Zip      Country  
**32812**      **US**      **32812**      **US**

4. FEI Number      Applied For  
**59-3629589**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**PORTO, WESLEY GALVAO**  
**9600 WEST COLONIAL DR**  
**OCOEE FL 34761**

7. Name and Address of New Registered Agent  
 Name **PORTO, WESLEY GALVAO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4300 LAKE MARGARET DRIVE**  
 City **ORLANDO**      FL      Zip Code **32812**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	PD	TITLE	
NAME	PORTO, WESLEY GALVAO	NAME	
STREET ADDRESS	955 S. KIRKMAN ROAD, #112	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	SORGER, NILDA	NAME	
STREET ADDRESS	2120 MO-HO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SANTOS, MARCELO	NAME	
STREET ADDRESS	7607 HIDDEN CYPRESS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*Porto Wesley Galvao  
 just change the  
 address:  
 334 WINDFORD CT  
 WINTER GARDEN  
 FL. 34787*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wesley Galvao*      03/01/04      Date