


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90043 008 \*\*\*\*61.25

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



Principal Place of Business Mailing Address  
**4300 LAKE MARGARET DR. ORLANDO FL 32812 US**      **4300 LAKE MARGARET DR. ORLANDO FL 32812 US**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number **59-3629589** Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**PORTO, WESLEY GALVAO**  
**4300 LAKE MARGARET DR.**  
**ORLANDO FL 32812**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTO, WESLEY GALVAO	
STREET ADDRESS	334 WINFORD CT.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SORGER, NILDA	
STREET ADDRESS	2120 MO-HO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, MARCELO	
STREET ADDRESS	7607 HIDDEN CYPRESS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTO/WESLEY GALVAO	
STREET ADDRESS	2467 Great Birch Dr	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Freier	
STREET ADDRESS	2474 TANDORI Cir	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Wesley Galvao Porto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2005 407 832 8894  
 Date Daytime Phone #