


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007006

1. Entity Name
 NEW HOPE PRESBYTERIAN CHURCH, INC.



Principal Place of Business
 4300 LAKE MARGARET DR.
 ORLANDO, FL 32812 US

Mailing Address
 4300 LAKE MARGARET DR.
 ORLANDO, FL 32812 US

DO NOT WRITE IN THIS SPACE



03202006 No Chg-NP CRZE037 (11/05)

4. FEI Number
 59-3629589

Applied For
 Not Applicable

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

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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: *Nilda Sorger* NILDA SORGER 03/26/06

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

Filing Fee is \$61.25
Due by May 1, 2006

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	PD PORTO, WESLEY GALVAO 2467 GREAT VIRCH DR OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SORGER, NILDA 2120 MD-HO DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREIER, SANDRA 2474 TANDORU CIR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/06-80047-009 61.25

U00000501076
 04/25/06-80047-010 8.75

VOIDED
 04/25/06-80047-010 61.25

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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: *Nilda Sorger* NILDA SORGER 3/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #