

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000138

**FILED**  
**Mar 12, 2017**  
**Secretary of State**  
**CC5440123983**

**Entity Name:** NEW HOPE CHRISTIAN FELLOWSHIP AND FAMILY CENTER, INC.

**Current Principal Place of Business:**

370 ATWATER STREET  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

P.O. BOX 380443  
PORT CHARLOTTE, FL 33948

**FEI Number: 80-0005368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILLER III, ROGER H  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BLOOD, DAVID W  
Address        P.O. BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title            DIRECTOR  
Name            DUNBAR, JANET  
Address        P.O. BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title            SECRETARY, DIRECTOR  
Name            SCHMELZER, KRISTINE  
Address        PO BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title            DIRECTOR  
Name            DE ARK, KEITH  
Address        PO BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title            DIRECTOR  
Name            GRAVELIN, JAN  
Address        P.O. BOX 380443  
City-State-Zip: PORT CHARLOTTE FL 33948

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID BLOOD**

**PRESIDENT**

**03/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date