

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001149

**Entity Name:** NEW HOPE COMMUNITY CHURCH OF MARYDIA, INC.

**Current Principal Place of Business:**

432 GARDEN ST  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2971 PIONEER ST  
KISSIMMEE, FL 34744 US

**FEI Number: 59-3419412**

**Certificate of Status Desired: Yes**

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

GRAY, CHARLOTTE  
660 ACADEMY DR  
APT 102  
KISSIMMEE, FL 34744 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 OFFICER  
Name HOLLEY, KALIL  
Address 424 EVERWOOD DR  
City-State-Zip: KISSIMMEE FL 34743

Title SECRETARY  
Name THOMAS , KEVIN L  
Address 424 EVERWOOD DR  
City-State-Zip: KISSIMMEE FL 34744

Title TREASURER  
Name MORRIS, CONSUELO D  
Address 2971 PIONEER ST  
City-State-Zip: KISSIMMEE FL 34744

Title OFFICER  
Name HOLLEY, ABDOULA L BISHOP  
Address 424 EVERWOOD DR  
City-State-Zip: KISSIMMEE FL 34744

Title PASTOR  
Name HOLLEY, TAMIKA L  
Address 424 EVERWOOD DR  
City-State-Zip: KISSIMMEE FL 34743

Title OFFICER  
Name EADY, IRENE  
Address 1009 BARN STREET  
City-State-Zip: KISSIMMEE FL 34744

*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: CONSUELO D MORRIS**

**TREASUER**

**04/18/2022**

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

\_\_\_\_\_  
Date