


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 790874

1. Entity Name
NEW HOPE SUGAR CO-OP



Principal Place of Business Mailing Address

ONE NORTH CLEMATIS ST STE 200 **ONE NORTH CLEMATIS ST STE 200**
WEST PALM BEACH, FL 33401 **WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP CR2E037 (4/06)

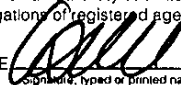
4. FEI Number 59-1029269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST STE 200
WEST PALM BEACH, FL 33401

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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  _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	DEV CARSON, DONALD W ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, OSCAR R ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RECIO, ALBERTO ONE NORTH CLEMATIS STS TE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLOMQUIST, ERIK J ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN IV, ALLAN A ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

U00000715268
 04/27/07-80057-005 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:  _____ **By: Armando A. Tabernilla, V.P.** 4/17/07 561-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #