

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001078

FILED  
Jul 02, 2008  
Secretary of State

**Entity Name:** NEW HOPE EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

705 INGRAM AVENUE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1329  
DUNDEE, FL 33838

**New Mailing Address:**

**FEI Number:** 38-3751076      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DUNN, MARY ANN  
412 DR. MLK STREET  
DUNDEE, FL 33838      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

**OFFICERS AND DIRECTORS:**

Title: P. ( ) Delete  
Name: DUNN, MARY ANN  
Address: 412 MLK STREET  
City-St-Zip: DUNDEE, FL 33838

Title: VP ( ) Delete  
Name: SUMMAGE, KELVIN B  
Address: 412 MLK STREET  
City-St-Zip: DUNDEE, FL 33838

Title: CHAR ( ) Delete  
Name: WILSON, ANNETTE  
Address: P.O. BOX 428  
City-St-Zip: DUNDEE, FL 33838

Title: TREA ( ) Delete  
Name: EVANS, ANNETTE  
Address: 27 TANGELO DRIVE  
City-St-Zip: HAINES CITY, FL 33944

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY ANN DUNN

P.

07/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date