2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000002002

TI FILED
Oct 03, 2008
Secretary of State

Entity Name: OPERATION: NEW HOPE, INC.

Current Principal Place of Business: New Principal Place of Business:

1830 N. MAIN ST.

JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

1830 N. MAIN ST. JACKSONVILLE, FL 32206

FEI Number: 59-3590360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GAY, KEVIN T 20 NORTH 20TH STREET

JACKSONVILLE BEACH, FL 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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GAY, KEVIN

1830 NORTH MAIN STREET

JACKSONVILLE, FL 32206

(X) Change () Addition

Title: D () Delete
Name: GAY, KEVIN

Address: 1830 NORTH MAIN STREET

City-St-Zip: JACKSONVILLE, FL 32206

Title: C () Delete Title: () Change () Addition

 Name:
 BELL, QUINN
 Name:

 Address:
 1830 N. MAIN STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:

Title: VC () Delete Title: () Change () Addition

 Name:
 MONROE, ALMETA
 Name:

 Address:
 1830 N. MAIN STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:

Name:POLANIS, MARKName:QUERY, MICHELLEAddress:1830 N. MAIN STREETAddress:1830 N. MAIN STREETCity-St-Zip:JACKSONVILLE, FL 32206City-St-Zip:JACKSONVILLE, FL 32206

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: KEVIN T. GAY PRES 10/03/2008