

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N99000002002

Entity Name: OPERATION: NEW HOPE, INC.

Current Principal Place of Business:

1830 N. MAIN ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1830 N. MAIN ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3590360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, KEVIN T
20 NORTH 20TH STREET
JACKSONVILLE BEACH, FL US

Name and Address of New Registered Agent:

GAY, KEVIN T
20 NORTH 20TH STREET
JACKSONVILLE BEACH, FL 32250 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GAY, KEVIN
Address: 1830 NORTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: C () Delete
Name: BELL, QUINN
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VC () Delete
Name: MONROE, ALMETA
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SEC () Delete
Name: QUERY, MICHELLE
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO (X) Change () Addition
Name: BROWN, DOUGLAS
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VC (X) Change () Addition
Name: MOULTON, CLAUDE
Address: 1830 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SEC () Change (X) Addition
Name: GOLDSMITH, MARY
Address: 1830 N. MAIN STREET
City-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

04/15/2009

Electronic Signature of Signing Officer or Director

Date