

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001078

Entity Name: NEW HOPE EMPOWERMENT CENTER, INC.**Current Principal Place of Business:**3351 HIGHWAY 17/92 SW
LAKE HENRY PLAZA
HAINES CITY, FL 33844**Current Mailing Address:**3351 LAKE HENRY PLAZA
HAINES CITY, FL 33844**FEI Number:** 38-3751076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARDSON, 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**Officer/Director Detail :**

Title	P
Name	RICHARDSON, MARY ANN
Address	412 MLK STREET
City-State-Zip:	DUNDEE FL 33838

Title	C
Name	SMITH, DANIELE
Address	918 CHURCH STREET
City-State-Zip:	LAKE HAMILTON FL 33851

Title	VP
Name	WILSON, ANNETTE
Address	P.O. BOX 428
City-State-Zip:	DUNDEE FL 33838

Title	CC
Name	SOUTHWARD, ANNETTE
Address	6316 OLD LAKE WILSON ROAD
City-State-Zip:	LOUGHMAN FL 33896

Title	T
Name	FORD, YVETTE
Address	P.O. BOX 24214
City-State-Zip:	LAKELAND FL 33802

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: MARY ANN RICHARDSON

PRESIDENT

05/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date