

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001078

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

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC0971606308**

**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**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date