

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001078

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

**Current Principal Place of Business:**

3351 US-17 92 W.  
HAINES CITY, FL 33844

**Current Mailing Address:**

3351 US-17 92 W.  
HAINES CITY, FL 33844 US

**FEI Number: 38-3751076**

**Certificate of Status Desired: No**

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

RICHARDSON, MARY ANN  
412 MARTIN LUTHER KING JR. 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/D  
Name RICHARDSON, MARY ANN  
Address 412 MARTIN LUTHER KING JR.  
STREET  
City-State-Zip: DUNDEE FL 33838

Title D  
Name SMITH, DANIELE  
Address P.O. BOX 365  
City-State-Zip: LAKE HAMILTON FL 33851

Title S/D  
Name SIMMONS, DEBBIE  
Address 356 STERLING DR.  
City-State-Zip: WINTER HAVEN FL 33884

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

Title D  
Name CLARK, DENISE  
Address 9111 THOMASVILLE DR.  
City-State-Zip: WINTER HAVEN FL 33884

*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**

**05/01/2024**

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

\_\_\_\_\_  
Date