

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

DOCUMENT# N11000001194

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC0507645769**

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

**Current Principal Place of Business:**

4300 LAKE MARGARET DRIVE  
ORLANDO, FL 32812

**Current Mailing Address:**

4300 LAKE MARGARET DRIVE  
ORLANDO, FL 32812

**FEI Number:** 27-5306350

**Certificate of Status Desired:** No

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

FREIER, SANDRA  
4300 LAKE MARGARET DR  
ORLANDO, FL 32812 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 PORTO, WESLEY G  
Address 4300 LAKE MARGARET DRIVE  
City-State-Zip: ORLANDO FL 32812

Title V  
Name FREIER, SANDRA  
Address 4300 LAKE MARGARET DRIVE  
City-State-Zip: ORLANDO FL 32812

Title S  
Name PEREIRA, ROBERTA M  
Address 4300 LAKE MARGARET DRIVE  
City-State-Zip: ORLANDO FL 32812

Title T  
Name SORGE, NILDA  
Address 4300 LAKE MARGARET DRIVE  
City-State-Zip: ORLANDO FL 32812

*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:** SANDRA C. RUFCA FREIER

**OFFICER**

**04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date