

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29233

**Entity Name:** NEW HOPE CHARITIES, INC.**Current Principal Place of Business:**626 NORTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401**Current Mailing Address:**626 NORTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401**FEI Number:** 65-0128327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SADLER, BENJAMIN  
ONE NORTH CLEMATIS ST.  
SUITE 200  
WEST PALM BEACH, FL 33401 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:** BENJAMIN SADLER

02/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DC  
Name FANJUL, JOSE F.  
Address ONE NORTH CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DVT  
Name LONDONO, ALEJANDRO  
Address ONE NORTH CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name CARNEY, THOMAS F.  
Address ONE N CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DP  
Name O'NEILL, PATRICK REV.  
Address ONE NORTH CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DP  
Name FANJUL DE AZQUETA, LILLIAN  
Address ONE NORTH CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name KLOCK, JOSEPH P.  
Address ONE NORTH CLEMATIS ST STE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name GOLDSMITH, GERALD  
Address ONE NORTH CLEMATIS ST.  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name AMBASSADOR, EDWARD ELLIOTT  
ELSON  
Address ONE NORTH CLEMATIS ST.  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

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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:** ALEJANDRO LONDONO

DVT

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DUVALL, M. WALKER  
Address 980 N. FEDERAL HWY,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name RINKER, RUBY S.  
Address 626 NORTH DIXIE HIGHWAY  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name CANER, JULIA M.  
Address 5355 TOWN CENTER RD.  
SUITE 300  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name BONE, BILL  
Address 550 S. QUADRILLE BLVD.  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name BLOCK, ELLEN  
Address 626 NORTH DIXIE HIGHWAY  
City-State-Zip: WEST PALM BEACH FL 33401