

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002002

**Entity Name:** OPERATION NEW HOPE, INC.

**Current Principal Place of Business:**

1830 N. MAIN ST.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1830 N. MAIN ST.  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-3590360

**Certificate of Status Desired:** No

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

GAY, KEVIN T  
1830 NORTH MAIN STREET  
JACKSONVILLE, FL 32206 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:** KEVIN T. GAY

07/01/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO AND DIRECTOR  
Name GAY, KEVIN T  
Address 1830 NORTH MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR (CHAIRMAN)  
Name O'BRIEN, PETER  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name PAPPAS, TED  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title CFO  
Name BOORD, PEGGY  
Address 1830 N MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name COBLE, SCOTT  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name JEAN-BART, LESLIE  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name CORRIGAN, TIM  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name MARTINEZ, JOSHUA  
Address 1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

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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:** PEGGY BOORD

CFO

07/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MESSINA, CORAL  
Address 1830 NO. MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name WALL, TERRI  
Address 1830 NO. MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name WILDES, TARA  
Address 1830 NO MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name CANNON, KINDER  
Address 1830 NO MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name HOLT, KAREN  
Address 1830 NO. MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name DEFOOR, ALLISON  
Address 1830 NO MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206

Title COO  
Name JOSEPH, LINDA  
Address 1830 NO MAIN ST  
City-State-Zip: JACKSONVILLE FL 32206