

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002002

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC8164504632**

**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

**FEI Number: 59-3590360**

**Certificate of Status Desired: Yes**

**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:**

\_\_\_\_\_  
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 (TREASURER)  
Name            BELL, A. QUINN  
Address        1830 N. MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR (VICE CHAIRMAN)  
Name            MOULTON, CLAUDE  
Address        1830 N. MAIN STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            DIRECTOR (CHAIRMAN)  
Name            CANNON, KINDER  
Address        1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title            CHIEF ADMINISTRATIVE OFFICER  
Name            FOREMAN, TERRI  
Address        1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title            CORPORATE SECRETARY  
Name            SIMMONS, JASMINE  
Address        1830 N. MAIN ST.  
City-State-Zip: JACKSONVILLE FL 32206

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

Title            DIRECTOR  
Name            BASS, LESTER  
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: KEVIN GAY**

**PRESIDENT-CEO**

**01/09/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name IVY, CHUCK  
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