

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738762** (4)
1. Corporation Name
NEW HOPE CENTER, INC.

Principal Place of Business	Mailing Address
100 E. SYBELIA AVE. 300 MAITLAND FL 32751	100 E. SYBELIA AVE. 300 MAITLAND FL 32751

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified

04/20/1977

4. FEI Number

59-1791345

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F & L CORP
200 LAURA ST
JACKSONVILLE FL 32201**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	ARKIN, J. GORDON	
STREET ADDRESS	P.O. BOX 2193 N/A	
CITY-ST-ZIP	ORLANDO FL 32802-2193	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CASSIDY, DAVID C	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COWHERD, JEFFREY B	
STREET ADDRESS	360 E. HORATIO AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, HUGH R	
STREET ADDRESS	3051 TECHNOLOGY PARKWAY, #120	
CITY-ST-ZIP	ORLANDO FL 32826-3286	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLL, STEPHEN	
STREET ADDRESS	100 W. GORE STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOMAYSSI, RUBY	
STREET ADDRESS	1409 PYLEWOOD STREET	
CITY-ST-ZIP	FERN PARK FL 32730	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN MANTIONE	
1.3 STREET ADDRESS	963 WYMORE ROAD	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN SABOOR	
2.3 STREET ADDRESS	126 E. LUCERNE CIRCLE, SUITE A	
2.4 CITY-ST-ZIP	ORLANDO, FL 32801	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEFFREY B. COWHERD	
3.3 STREET ADDRESS	2703 S. ORANGE AVENUE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32806	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SALLY KOPKE	
4.3 STREET ADDRESS	301 NE IVANHOE BLVD	
4.4 CITY-ST-ZIP	ORLANDO, FL 32804	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHRISTOPHER D. ROLLE	
5.3 STREET ADDRESS	390 N. ORANGE AVENUE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32801-1640	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDREW H. McEACHRON	
6.3 STREET ADDRESS	P. O. BOX 1268 N/A	
6.4 CITY-ST-ZIP	WINTER PARK, FL 32790-1268	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

1-9-98

407-629-8920

CR2E037 (10/97)