

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90244 038 ****70.00

DOCUMENT # 738762

1. Entity Name

NEW HOPE CENTER, INC.



Principal Place of Business

100 E. SYBELIA AVE.
300
MAITLAND FL 32751

Mailing Address

100 E. SYBELIA AVE.
300
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1791345

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP
200 LAURA ST
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

Name A.G. Co.
Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Ave.
Suite 2300
City Orlando FL Zip Code 32801

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Long Shun, Vice President AGC Co

4/26/04

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | COWHERD, JEFFREY B | |
| STREET ADDRESS | 2703 S ORANGE AVE | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KOPKE, SALLY | |
| STREET ADDRESS | 301 NE IVANHOE BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOMAYSSI, RUBY | |
| STREET ADDRESS | 1409 PYLEWOOD STREET | |
| CITY-ST-ZIP | FERN PARK FL 32730 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SADOOR, JOHN P | |
| STREET ADDRESS | 126 E LUCRMI CIR STE A | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | SOLLACCIO, JOSEPH | |
| STREET ADDRESS | 633 N. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mc EACHRON, ANDREW | |
| STREET ADDRESS | 135 W. SMOORE AVENUE | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WINSON, PETER | |
| STREET ADDRESS | 300 S. LAKE DESTINY DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GAUBER, BRIAN | |
| STREET ADDRESS | 707 MENDHAM BLVD., SUITE 200 | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FORD, ANNETTE | |
| STREET ADDRESS | 696 E. ALTAMONTE DRIVE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SOLLACCIO, JOSEPH | |
| STREET ADDRESS | 633 N. ORANGE AVE. | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALEXANDER, GREGOR, MD | |
| STREET ADDRESS | 446 HANKEH CIRCLE | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David C Joswick

4-26-04

407629-8920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #