
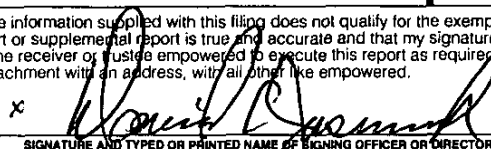


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 007 ****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 205 EAST SR 436		3. Mailing Address 205 EAST SR 436	
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32730	Country ORANGE	Zip 32730	Country ORANGE
6. Name and Address of Current Registered Agent A.G. CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ARKIN, J. GORDON P.O. BOX 2193 N/A ORLANDO, FL 328022193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete WILSON, PETER 300 S. LAKE DESTINY DRIVE ORLANDO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCEACHRON, ANDREW 135 W. SWODOE AVENUE WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCEACHRON, ANDREW 135 W. SWODOE AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSON, PETER 300 S. LAKE DESTINY DRIVE ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMAYSSI, RUBY 1409 PYLEWOOD STREET FERN PARK, FL 32730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBER, BRIAN 707 MENDHAM BLVD., SUITE 200 ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ANNETTE 696 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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: 		Date 3-11-05 Daytime Phone # 407-331-3059	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID JOSWICK EXECUTIVE DIRECTOR			