## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738762** 

City-St-Zip: ORLANDO, FL 32825

JOSWICK, DAVID

SOLLACCIO, JOE

633 N. ORANGE AVE.

ORLANDO, FL 32801

FERN PARK, FL 32730

205 E. SR 436

( ) Delete

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Title:

Name:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: NEW HOPE FOR KIDS, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
205 EAST SUITE D FERN PAF	SR 436 RK, FL 32730					
Current Mailing Address:			New Maili	New Mailing Address:		
205 EAST SUITE D FERN PAF	SR 436 RK, FL 32730					
FEI Number:	: 59-1791345	FEI Number Applied For ( )	FEI Number Not Appl	olicable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	d Address of New Registered Agent:		
		/E. SUITE 2300 US				
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electroni	ic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	NORI, DOMINIC	IONAL PKWY SUITE 2025	Title: Name: Address: City-St-Zip:	PC (X) Change ( ) Addition NORI, DOMINIC 1515 INTERNATIONAL PKWY SUITE 2025 LAKE MARY, FL 32746		
Title: Name: Address: City-St-Zip:	VC () MICHAELS, PAT 8669 COMMOD ORLANDO, FL	ITY CIRCLE	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition MICHAELS, PAT 8669 COMMODITY CIRCLE ORLANDO, FL 32819		
Title: Name: Address: City-St-Zip:	S () MOOR, CAROLY 2218 LAKESIDE ORLANDO, FL	DR.	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition PEELE, ELIZABETH 1177 LOUISIANO AVE. #201 WINTER PARK, FL 32789		
Title: Name: Address:	GRUBER, BRIÁI	Delete N BLVD SUITE 200	Title: Name: Address:	VC (X) Change ( ) Addition WOOTEN, LAURA 633 N. ORANGE AVE.		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip: ORLANDO, FL 32801

HUSTY, TODD

OVIEDO, FL 32765

3040 S. TUSKAWILLA RD.

() Change () Addition

(X) Change ( ) Addition

above, or on an attachment with an address, with all other like empowered. SIGNATURE: DAVID JOSWICK D 03/18/2009