2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003
Secretary of State

DOCUMENT# 738762

Entity Name: NEW HOPE CENTER, INC.

Current Principal Place of Business:

100 E. SYBELIA AVE.
300
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

100 E. SYBELIA AVE.
300
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-1791345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP
200 LAURA ST
JACKSONVILLE, FL 32201 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TR	( ) Delete
Name:	ARKIN, J. GORDON	
Address:	P.O. BOX 2193 N/A	
City-St-Zip:	ORLANDO, FL 328022193	
Title:	D	( ) Delete
Name:	COWHERD, JEFFREY B	
Address:	2703 S ORANGE AVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	KOPKE, SALLY	
Address:	301 NE IVANHOE BLVD	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	HOMAYSSI, RUBY	
Address:	1409 PYLEWOOD STREET	
City-St-Zip:	FERN PARK, FL 32730	
Title:	D	( ) Delete
Name:	SADOOR, JOHN P	
Address:	126 E LUCCRMI CIR STE A	
City-St-Zip:	ORLANDO, FL 32801	
Title:	C	( ) Delete
Name:	SOLLACCIO, JOSEPH	
Address:	633 N. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: J.GORDON ARKIN TR 03/07/2003

Electronic Signature of Signing Officer or Director — Date