2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745070

City-St-Zip:

MIAMI, FL 33015

Entity Name: NEW HOPE INC. IN SOUTHWEST RANCHES

FILED May 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13400 GRIFFIN RD 13400 GRIFFIN RD DAVIE, FL 33330 US SOUTHWEST RANCHES, FL 33330 US **Current Mailing Address: New Mailing Address:** 13400 GRIFFIN RD 13400 GRIFFIN RD DAVIE, FL 33330 US SOUTHWEST RANCHES, FL 33330 US FEI Number: 59-1843522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIVELY, DAVID R LIVELY, DAVID R 19644 BOB-O-LINK DR. 6271 GAUNTLET HALL LANE MIAMI, FL 33015 DAVIE, FL 33331 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: 05/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Delete () Change () Addition WALKER, GORDON Name: Name: Address: 5424 NW 190 ST Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: WALKER, GORDON Name: Address: 5424 NW 190 STREET Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition LIVELY, DAVID Name: LIVELY, DAVID R Name: 19644 BOB-O-LINK 6271 GAUNTLET HALL LANE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: **DAVIE. FL 33331** Title: () Delete Title: () Change () Addition Name: MOSS JR, LEDLY Name: Address: 7010 NW 186 ST Address:

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.

City-St-Zip:

SIGNATURE: GORDON WALKER STD 05/27/2004