

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745070

FILED
Apr 21, 2009
Secretary of State

Entity Name: NEW HOPE INC. IN SOUTHWEST RANCHES

Current Principal Place of Business:

13400 GRIFFIN RD
SOUTHWEST RANCHES, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

13400 GRIFFIN RD
SOUTHWEST RANCHES, FL 33330 US

New Mailing Address:

FEI Number: 59-1843522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LARSON, MATTHEW C REV
1615 SWEETGUM TERRACE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

LARSON, MATTHEW C REV
3884 HERON RIDGE LANE
WESTON, FL 33331 US

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: REV. MATTHEW C LARSON

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, GORDON
Address: 5424 NW 190 ST
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: BRECENO, JULIO
Address: 19161 NW 77 CT
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: THOMAS, JACOB
Address: 3880 HERONRIDGE LANE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: MOSS JR, LEDLY O
Address: 20178 NW 35 AVE
City-St-Zip: MIAMI, FL 33056

Title: PD () Delete
Name: LARSON, MATTHEW C
Address: 1615 SWEETGUM TERRACE
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: DIAMOND, WILLIAM
Address: 15906 WAVERLY MANOR
City-St-Zip: DAVIE, FL 33331

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
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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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV MATTHEW C LARSON

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date