

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # L44511

(8)

1. Corporation Name

NEW HOPE ASSOCIATES, INC.

Principal Place of Business

249 LEXINGTON DR.
DAYTONA BEACH FL 32114

Mailing Address

249 LEXINGTON DR.
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1990

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2991094

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WALTERS, DONALD G.
249 LEXINGTON DR.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

WALTERS, MONIQUE

82 Street Address (P.O. Box Number is Not Acceptable)

249 LEXINGTON DRIVE

83

84 City

DAYTONA BEACH

FL

85

Zip Code

32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MONIQUE WALTERS *Monique Walters*

2-17-95

12. OFFICERS AND DIRECTORS

101	D
NAME	WALTERS, MONIQUE
STREET ADDRESS	249 LEXINGTON DR.
CITY, ST, ZIP	DAYTONA BEACH FL 32114
102	D
NAME	PETROSKI, LISE
STREET ADDRESS	416 WESTERN ROAD
CITY, ST, ZIP	NEW SMYRNA BEACH FL 32168
103	D
NAME	PETROSKI, EDWARD
STREET ADDRESS	416 WESTERN ROAD
CITY, ST, ZIP	NEW SMYRNA BEACH FL 32168
104	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
105	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
106	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: MONIQUE WALTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95 904-255-1787