

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified
01/19/1990

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALTERS, MONIQUE
249 LEXINGTON DRIVE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name **EDWARD G. WALTERS**

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

Edward G. Walters, EDWARD G. WALTERS

4/12/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WALTERS, MONIQUE**
STREET ADDRESS **249 LEXINGTON DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ DELETE
NAME **PETROSKI, LISE**
STREET ADDRESS **416 WESTERN ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☐ DELETE
NAME **PETROSKI, EDWARD**
STREET ADDRESS **416 WESTERN ROAD**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Monique Walters
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 **904-255-1787**
Date Phone #

CR2E034 (12/95)