2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N00000002197

Entity Name: NEW HOPE IN UNITY, INC.

Current Principal Place of Business:

313 N 25TH ST
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2625
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 65-1021744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JULES, ROBERT L
2308 S. 29TH STREET
APT. 14
FT. PIERCE, FL 34981 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:	D	( ) Delete
Name:	VALSAINT, LANAISE	
Address:	162 DALVA AVENUE	
City-St-Zip:	PORT ST. LUCIE, FL 34984	
Title:	D	( ) Delete
Name:	ST. FLEUR, DAVID	
Address:	510 S. 25TH STREET	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	D	( ) Delete
Name:	FRANCOIS, AMEON	
Address:	405 N. 9TH STREET	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	P	( ) Delete
Name:	JULES, ROBERT L	
Address:	2308 S. 29TH ST, APT 14	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	T	( ) Delete
Name:	GLEZIA, EXAMINE	
Address:	306 N. 18TH ST.	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	S	( ) Delete
Name:	CAJUSTE, JEAN WILDOR	
Address:	2506 J. 15TH ST	
City-St-Zip:	FORT PIERCE, FL 34982	

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: JULES L, ROBERT P 04/23/2004
Electronic Signature of Signing Officer or Director — Date