

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

0000811

04-28-2001 90085 033 ****61.25

DOCUMENT # N00000005060

1. Entity Name

NEW HOPE COMMUNITY OF PINELLAS, INC.

Principal Place of Business

Mailing Address

1412 QUAIL DRIVE
 PALM HARBOR FL 34683

1412 QUAIL DRIVE
 PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

2706 Alternate 19 N

2706 Alternate 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 309

Ste 309

City & State

City & State

Palm Harbor, FL

Palm Harbor, FL

Zip

Country

Zip

Country

34683

USA

34683

USA

4. FEI Number

59-3662320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALIL, RICHARD C
 1412 QUAIL DRIVE
 PALM HARBOR FL 34683

Name

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

City

FL

Zip Code

8. 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

Richard C Kalil

4-21-2001

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	RICHARD KALIL	
STREET ADDRESS	1412 QUAIL DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	FRANKLYN WOLLETT	
STREET ADDRESS	1960 DUNBRODY CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TRUSTEE	<input type="checkbox"/> Delete
NAME	MICHAEL ROGERS	
STREET ADDRESS	2720 ONIZUKA CT	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Richard C Kalil
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001

Date

Daytime Phone #

CR2E037 (10/00)