

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90031 003 \*\*\*\*61.25

**DOCUMENT # N00000005060**

1. Entity Name  
**NEW HOPE COMMUNITY OF PINELLAS, INC.**



Principal Place of Business

**2636 BAYSHORE BLVD.  
DUNEDIN, FL 34698**

Mailing Address

**2636 BAYSHORE BLVD.  
DUNEDIN, FL 34698**

**50007798**



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3662320**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALIL, RICHARD C  
1412 QUAIL DRIVE  
DUNEDIN, FL 34698**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KALIL, RICHARD  
1412 QUAIL DRIVE  
PALM HARBOR, FL 34683 DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WOLLETT, FRANKLYN  
1960 DUNBRODY CT  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GOSNELL, DAVID  
1972 DUNLOE CIRCLE  
DUDEDIN, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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* **Richard C. Kalil** *1/24/2005* *727 409-7221*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #