

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90232 016 \*\*\*\*61.25

DOCUMENT # **N00000005060**

1. Entity Name

**New Hope Community of Pinellas, Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2636 Bayshore Blvd**

3. Mailing Address

**2636 Bayshore Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dunedin, FL**

City & State

**Dunedin, FL**

Zip

**34698**

Country

**U.S.A.**

Zip

**34698**

Country

**U.S.A.**

4. FEI Number

**593662320**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**KALIL, RICHARD C.**

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

**1412 Quail Dr**

City

**Dunedin**

FL

Zip Code

**34698**

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KALIL, RICHARD 1412 Quail Dr Dunedin, FL 34698</b>	T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WOLLETT, FRANKLYN 1960 Dunbrody Ct Dunedin, FL 34698</b>	T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GOSNELL, DAVID 1972 Dunloe Circle Dunedin, FL 34698</b>	T
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard C. Kalil**

**4/1/2003 727  
785-3796**

CR2E037B (12/02)

Attachment  
F.E.I #593662320

80092735

Note -

Change of Principal  
Address

Change of Mailing  
Address

Change of City + Zip for  
Registered Agent

Change of City + Zip for  
First Trustee / Zip for Third  
Trustee.