

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90431 011 ****61.25

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04182006 Chg-NP CR2E037 (11/05)

DOCUMENT # N00000005067

1. Entity Name
NEW HOPE CHARTER HIGH SCHOOL PROJECT, INC.



Principal Place of Business
**108 NW 3RD AVE
CHIEFLAND, FL 32626**

Mailing Address
**P O BOX 2102
CHIEFLAND, FL 32644**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

**MARTIN, KIM
7699 SW CR 334A
TRENTON, FL 32693**

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. 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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME FARROW, GEORGE
STREET ADDRESS 14350 NW 75TH AVE
CITY-ST-ZIP TRENTON, FL 32695

Delete

TITLE P/D
NAME Bell, Michael
STREET ADDRESS 7270 NW 95th street
CITY-ST-ZIP Chiefland, FL 32626

Change Addition

TITLE T
NAME BRADLEY, PATSEY J
STREET ADDRESS HC 1 BOX 15
CITY-ST-ZIP OLD TOWN, FL 32680

Delete

TITLE T/D
NAME Hale, Clifford
STREET ADDRESS 11154 SW 108th street
CITY-ST-ZIP Dunnellon, FL 34432

Change Addition

TITLE BM
NAME MARTIN, KIM
STREET ADDRESS 7699 SW CR 334A
CITY-ST-ZIP TRENTON, FL 32693

Delete

TITLE M
NAME martin, Kimberly
STREET ADDRESS 7699 SW CR 334A
CITY-ST-ZIP Trenton, FL 32693

Change Addition

TITLE D
NAME LASTRA, SUSAN
STREET ADDRESS 8320 NE 100 AVE
CITY-ST-ZIP BRONSON, FL 32621

Delete

TITLE D
NAME Pickard, Zarada
STREET ADDRESS 607 NE 1st Street
CITY-ST-ZIP Chiefland, FL 32626

Change Addition

TITLE BP/S
NAME CORNELL, SUZANN
STREET ADDRESS 1180 SE 768TH STREET
CITY-ST-ZIP OLD TOWN, FL 32680

Delete

TITLE V/S/D
NAME Cornell, Suzann
STREET ADDRESS 1180 SE 768th Street
CITY-ST-ZIP Old Town, FL 32680

Change Addition

TITLE D
NAME WILLIAMS, BONNIE
STREET ADDRESS 1176 NE 835TH ST
CITY-ST-ZIP CHIEFLAND, FL 32626

Delete

TITLE D
NAME Wright, Melanie
STREET ADDRESS 206 NE 538th AVE
CITY-ST-ZIP Old Town, FL 32680

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kim Martin* Kim Martin 4/18/06 (352)470-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #