


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003228				FILED 05 SEP -2 11 10:30 SECRET TALLAHASSEE	
1. Entity Name NEW HOPE FOUNDATION, INC.		Principal Place of Business 1324 SOUTH ADAMS STREET TALLAHASSEE, FL 32301		Mailing Address 1324 SOUTH ADAMS STREET TALLAHASSEE, FL 32301	
2. Principal Place of Business		3. Mailing Address 1324 S. Adams		08292005 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State Tallahassee, FL		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired	
32301		Leon		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTLEDGE, VICKIE 1747 NE CAPITAL CIR. #302 TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) 12514 JEFFERSON CT Tallahassee, FL 32317	
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 _____					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, LORENZO PASTOR 1747 NE CAPITAL CIRCLE #302 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12514 JEFFERSON CT Tallahassee FL 32317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLEDGE, VICKIE ASST-PA 1747 NE CAPITAL CIRCLE #302 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12514 JEFFERSON CT Tallahassee FL 32317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, WANDA MINISTE 1950 N. PONT BLVD. #301 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrative Leona Collins 217 American Str. Tallahassee, FL 32305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059384282 09/07/05--01016--024 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8-29-05 8470000 Date Daytime Phone #		