

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000008643

1. Entity Name

NEW HOPE ALUMNI ASSOCIATION INC.



Principal Place of Business

7651 NW 31ST STREET
HOLLYWOOD FL 33024

Mailing Address

7651 NW 31ST STREET
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTS, ROY
7651 NW 31ST STREET
HOLLYWOOD FL 33024

4. FEI Number

55-0851255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROY	
STREET ADDRESS	7651 NW 31ST STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKS, EARL	
STREET ADDRESS	12560 COUNTRYSIDE TERR	
CITY - ST - ZIP	COOPER CITY FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOOKIE, HAROLD	
STREET ADDRESS	8930 S LAKE MIRAMAR CIRCLE	
CITY - ST - ZIP	MIRAMAR FL 33025	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700054282587
CITY - ST - ZIP	05/11/05--01042--017 **\$61.25
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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2005

Date

954 243 5603

Daytime Phone #

FILED
05 MAY -2 PM 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)