2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000179

Entity Name: NEW HOPE CHILDREN'S HOMES, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P O BOX 746 PLANT CITY, FL 33564 **Current Mailing Address: New Mailing Address:** P O BOX 746 PLANT CITY, FL 33564 FEI Number: 80-0092793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM, DARRIN K 5202 HORTON RD US PLANT CITY, FL 33567 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WILLIAMS, DARRIN K BOWERS, ED WILLIE JR Name: Name: 5202 HORTON RD Address: 4904 RUBY JO DR. PLACE Address: PLANT CITY, FL 33567 PLANT CITY, FL 33567 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LARRY, THOMAS Name: WILLIAMS, DARRIN K SENIOR Address: 1805 CLUB CT Address: 5202 HORTON RD. City-St-Zip: TAMPA, FL 33612 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: (X) Change () Addition WILLIAMS, WRENITA GRANT, QUILTONYA C Name: Name: 5202 HORTON RD 2818 HAMPTON PL. CT. Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33566 Title: () Delete Title: () Change () Addition Name: GRIFFIN, DEBRA Name: 5309 HORTON RD Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: () Delete Title: () Change (X) Addition WILLIAMS, DARRIN K SENIOR Name: Name: 5202 HORTON RD. Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRIN WILLIAMS ED 04/29/2004