

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006131

1. Entity Name
NEW HOPE FOR AFRICA, INC.



Principal Place of Business
**1509 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904**

Mailing Address
**PO BOX 361377
MELBOURNE, FL 32936-9998**



03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLOLA, MARYAM M
927 OSPREY DRIVE
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000854057
03/26/08-80092-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLOLA, MARYAM M
STREET ADDRESS	927 OSPREY DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	VP
NAME	KAMARA, ABU
STREET ADDRESS	461 ALLISON DRIVE
CITY-ST-ZIP	PALM BAY, FL 32908

TITLE	VP
NAME	WASHINGTON, CHRIS
STREET ADDRESS	835 CHERRY DRIVE
CITY-ST-ZIP	SATELITE BEACH, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Chris Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08
Date

321 427-4548
Daytime Phone #