

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001078

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEW HOPE EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

705 INGRAM AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1329
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 38-3751076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, MARY ANN
412 DR. MLK STREET
DUNDEE, FL 33838 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DUNN, MARY ANN
Address: 412 MLK STREET
City-St-Zip: DUNDEE, FL 33838

Title: C () Delete
Name: SUMMAGE, KELVIN
Address: 290 TOWERVIEW DR
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: WILSON, ANNETTE
Address: P.O. BOX 428
City-St-Zip: DUNDEE, FL 33838

Title: CC () Delete
Name: EVANS, ANNETTE
Address: 27 TANGELO DRIVE
City-St-Zip: HAINES CITY, FL 33944

Title: T () Delete
Name: SUMMAGE, CYNTHIA
Address: 290 TOWERVIEW DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SMITH, DANIELE
Address: 918 CHURCH STREET
City-St-Zip: LAKE HAMILTON, FL 33851

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CC (X) Change () Addition
Name: SOUTHWARD, ANNETTE
Address: 6316 OLD LAKE WILSON ROAD
City-St-Zip: LOUGHMAN, FL 33896

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY DUNN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date