

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001078

FILED
May 11, 2010
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:

3387 HIGHWAY 17/92 SW
LAKE HENRY PLAZW
HAINES CITY, FL 33844

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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
Name: DUNN, MARY ANN
Address: 412 MLK STREET
City-St-Zip: DUNDEE, FL 33838

Title: C
Name: SMITH, DANIELE
Address: 918 CHURCH STREET
City-St-Zip: LAKE HAMILTON, FL 33851

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY DUNN

PRES

05/11/2010

Electronic Signature of Signing Officer or Director

Date