2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000157

Entity Name: NEW HOPE SOCIAL ACTIVITIES INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

162 SW 1ST AVE 162 SW 1ST AVE

HOMESTEAD, FL 330307008 US

Current Mailing Address: New Mailing Address:

162 SW 1ST AVE HOMESTEAD, FL 33030

FEI Number: 26-3806336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAPTISTE, MARCEL VP 162 SW 1ST AVE BAPTISTE, MARCEL VP 162 SW 1ST AVE

HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 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: MARCEL BAPTISTE 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: P (X) Change () Addition
Name: BAPTISTE, GUILENE

Address 460 CM 45T N/F

 Address:
 162 SW 1ST AVE
 Address:
 162 SW 1ST AVE

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: T () Delete Title: VP (X) Change () Addition

 Name:
 BAPTISTE, MARCEL
 Name:
 BAPTISTE, MARCEL

 Address:
 162 SW 1ST AVE
 Address:
 162 SW 1ST AVE

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: SEC. () Change (X) Addition

 Name:
 Name:
 THOMAS, MUNOZ

 Address:
 Address:
 4700 S.W 188 AVENUE

 City-St-Zip:
 City-St-Zip:
 FORT LAUDERDALE, FL 33332 BR

 Title:
 () Delete
 Title:
 TRE. () Change (X) Addition

 Name:
 Name:
 OXELAN, FELISTIN

 Address:
 Address:
 159 S.W FIRST AVENUE

 City-St-Zip:
 HOMESTEAD, FL 33030-700 DA

LEOPAUL, SCUTT Name: Name: 118 S.W FIRST AVENUE Address: Address: City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030-700 DA Title: () Delete Title: () Change (X) Addition ERMITH, VILGRAIN Name: Name:

 Name:
 Name:
 ERMITH, VILGRAIN

 Address:
 Address:
 11938 S.W 271 TERR

 City-St-Zip:
 City-St-Zip:
 HOMESTEAD, FL 33032 DA

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: GUILENE BAPTISTE P 04/16/2009