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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29233 (6)

1. Corporation Name

NEW HOPE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JOSE F. VALDIVIA, JR.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

C/O JOSE F. VALDIVIA, JR.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1988		3a. Date of Last Report 04/10/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0128327		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**VALDIVIA, JOSE F. JR.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FANJUL, JOSE F.	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	AT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, OSCAR R	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH FL	2.4 CITY - ST - ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARNEY, ALICE	3.2 NAME	
STREET ADDRESS	260 BAL CROSS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAL HARBOUR FL	3.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL PATRICK, REV	4.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISHORES FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar R. Hernández, Assistant Treasurer

3/7/96

Date

407-655-6303

Daytime Phone #

CR2E037 (12/95)