

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29233** (6)

1. Corporation Name

NEW HOPE CHARITIES, INC.

Principal Place of Business C/O JOSE F. VALDIVIA, JR. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address C/O JOSE F. VALDIVIA, JR. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/10/1988	
4. FEI Number 65-0128327	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent VALDMA, 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
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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	33480
TITLE	AT ☐ DELETE	2.1 TITLE	AT/D ☒ 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	33480
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARNEY, ALICE	3.2 NAME	
STREET ADDRESS	280 BAL CROSS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	P/D ☒ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Oscar R. Hernandez* **Oscar R. Hernandez, Assistant Treasurer** 3/3/98 563-C55-9303

CR2E037 (1097)