

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N29233

(6)

1. Corporation Name

NEW HOPE CHARITIES, INC.

Principal Place of Business

Mailing Address

340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480

340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Valdivia, Jose F., Jr.
340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/CEO
NAME Fanjul, Jose F.
STREET ADDRESS 340 Royal Poinciana Way
CITY-ST-ZIP Suite 316, Palm Beach, FL 33480

TITLE D/AT
NAME Hernandez, Oscar R.
STREET ADDRESS 340 Royal Poinciana Way
CITY-ST-ZIP Suite 316, Palm Beach, FL 33480

TITLE D
NAME Carney, Alice
STREET ADDRESS 260 Bal Cross Dr.
CITY-ST-ZIP Bal Harbour, FL

TITLE D/P
NAME O'Neill, Patrick, Rev
STREET ADDRESS 9401 Biscayne Boulevard
CITY-ST-ZIP Miami Shores, FL

TITLE D/VP
NAME Azqueta, Lillian Fanjul
STREET ADDRESS 340 Royal Poinciana Way
CITY-ST-ZIP Suite 316, Palm Beach, FL 33480

TITLE D/S
NAME Klock, Joseph P., Jr.
STREET ADDRESS 200 S Biscayne Blvd.

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

561-655-6303

CR2E037 (11/98)

ATTACHMENT TO
PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # N29233 (6)

1. Corporation Name

NEW HOPE CHARITIES, INC.

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13. - CONTINUED ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gillette, F. Warrington 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Taplin, Martin W. 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Bren 340 Royal Poinciana Way, Suite 316 Palm Beach, FL 33480	☐ Change ☒ Addition