

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N29233

1. Entity Name
NEW HOPE CHARITIES, INC.



Principal Place of Business
**626 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401**

Mailing Address
**626 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401**



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0128327	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TARR, WILLIAM F
ONE NORTH CLEMATIS ST STE 200
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FANJUL, JOSE F. ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HERNANDEZ, OSCAR R ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, THOMAS F ONE N CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'NEILL PATRICK, REV ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AZQUETA, LILLIAN F ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOCK, JOSEPH P ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

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04/27/07-80057-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Oscar R. Hernandez **Oscar R. Hernandez, VP** 4/17/07 **561-655-6303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #