


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33930</b> 1. Entity Name NEW HOPE SANCTUARY, INC.	
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Principal Place of Business 3150 MILWAUKEE AVENUE MELBOURNE, FL 32904 US	Mailing Address 3150 MILWAUKEE AVE. MELBOURNE, FL 32904 US
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02172004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2975770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SILER, KERRY W 3150 MILWAUKEE AVE MELBOURNE, FL 32904
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

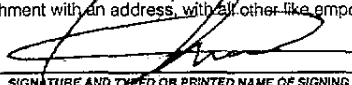
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

UD00000152962  
05/04/04-80107-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILER, KERRY W. 3150 MILWAUKEE AVE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILER, BRUCE 286 CORY AVE. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANIER, SANDRA H. 300 MEADOW WOOD LANE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, CARL J 300 MEADOW WOOD LN MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, TODD 451 BINNEY ST NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**  **Kerry W. Siler** **4/30/2004** **(321)725-7281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #