


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N33930 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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04272005 No Chg-NP CR2E037 (10/03)

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

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| 6. Name and Address of Current Registered Agent SILER, KERRY W 3150 MILWAUKEE AVE MELBOURNE, FL 32904 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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)(f), 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** **4/22/2005** **321-725-7281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #