


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

FILED
Feb 06, 2007 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

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

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000625271 02/14/07-80069-009 61.25
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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 SILER, KAREN E 3150 MILWAUKEE AVE MELBOURNE, FL 32904
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/1/07 321-725-3743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #