

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005927 (8)**  
1. Corporation Name  
**NEW HOPE COUNSELING, INC.**



Principal Place of Business <b>12158 SOUTHWEST 51 COURT COOPER CITY FL 33330</b>	Mailing Address <b>12158 SOUTHWEST 51 COURT COOPER CITY FL 33330-4479</b>
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2. Principal Place of Business <b>6940 NW 7<sup>th</sup> St 21 2400 N. University Dr. #208 22 Plantation, FL 7 #208 23 33317 Pembroke Pines, FL 24 33024 25 USA</b>	2a. Mailing Address <b>6940 NW 7<sup>th</sup> ST. 26 27 28 Plantation, FL 29 33317 30 USA</b>
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3. Date Incorporated or Qualified <b>12/02/1994</b>	3a. Date of Last Report <b>05/31/1996</b>
4. FEI Number <b>65-0539419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DEBRA, JACK H.  
2741 OAKPARK CIR  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STULL, BETH A</b>	
STREET ADDRESS	<b>12158 SOUTHWEST 51 COURT</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33330</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>STULL, R. JEFFREY</b>	
STREET ADDRESS	<b>12158 SOUTHWEST 51 COURT</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33330</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBRA, JACK H.</b>	
STREET ADDRESS	<b>12158 SOUTHWEST 51 COURT</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33330</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DST Debra, Jack H.</b>
3.3 STREET ADDRESS	<b>2741 OAK PARK Cir</b>
3.4 CITY-ST-ZIP	<b>DAVIE, FL 33328</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ 4/1/97 (954) 424-4869

CR2E037 (9/96)