


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 2400 N. UNIVERSITY DR. #208 PEMBROKE PINES FL 33024 US	Mailing Address <del>6940 N.W. 7TH ST. PLANTATION FL 33317 US</del>
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3. Date Incorporated or Qualified  
12/02/1994

4. FEI Number  
65-0539419

Applied For	Not Applicable
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2. Principal Place of Business  
21

2a. Mailing Address  
25 17950 Griffin Road

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

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

City & State  
23

City & State  
28 Davie Ft. Lauderdale, FL

7. Is this nonprofit corporation a homeowners association?  Yes  No

Zip Country  
24 25 29 30 33331 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
85 Zip Code  
FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, BETH A	1.2 NAME	
STREET ADDRESS	12158 SOUTHWEST 51 COURT	1.3 STREET ADDRESS	6940 N.W. 7th St
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	DM	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, R. JEFFREY	2.2 NAME	
STREET ADDRESS	12158 SOUTHWEST 51 COURT	2.3 STREET ADDRESS	6940 N.W. 7th St
CITY-ST-ZIP	COOPER CITY FL 33330	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA, JACK H.	3.2 NAME	
STREET ADDRESS	2741 OAK PARK CIR.	3.3 STREET ADDRESS	DT
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DS
STREET ADDRESS		4.3 STREET ADDRESS	Gary Schnepf
CITY-ST-ZIP		4.4 CITY-ST-ZIP	255 Jacaranda Dr Plantation, FL 33324
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ DATE: 1/5/98 9544344869

CR2E037 (10/97)