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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005927

1. Corporation Name
NEW HOPE COUNSELING, INC.

564122 - 90009 - 49

Principal Place of Business
 2400 N. UNIVERSITY DR.
 #208
 PEMBROKE PINES FL 33024
 US

Mailing Address
 17960 GRIFFIN RD
 FT LAUDERDALE FL 33331
 US



21	2. Principal Place of Business 2331 N. University Dr.	2a. Mailing Address	3. Date Incorporated or Qualified 12/02/1994
22	Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc.	4. FEI Number 65-0539419
23	City & State Pembroke Pines, FL	City & State	Applied For Not Applicable
24	Zip 33024	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEBRA, JACK H. 2741 OAKPARK CIR DAVIE FL 33328		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

I, 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, BETH A	1.2 NAME	
STREET ADDRESS	6940 N W 7TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	DM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, R J	2.2 NAME	
STREET ADDRESS	6940 N W 7TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA, JACK H.	3.2 NAME	
STREET ADDRESS	2741 OAK PARK CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEPP, GARY	4.2 NAME	
STREET ADDRESS	255 JACARANDA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ DATE: 4/7/99 DAYTIME PHONE # _____

CR2E037 (1/98)