

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # N96000000379 (5)

1. Corporation Name

NEW HOPE, INCORPORATED



Principal Place of Business
1002 BEECH STREET
311 SOUTH 10TH ST.
FERNANDINA BEACH FL 32034

Mailing Address
1002 BEECH STREET
311 SOUTH 10TH ST.
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 1002 BEECH STREET

Suite, Apt. #, etc.

22

City & State
23 FERNANDINA BEACH, FL

Zip

24 32034

Country

25 USA

2a. Mailing Address

26 1002 BEECH STREET

Suite, Apt. #, etc.

27

City & State
28 FERNANDINA BEACH, FL

Zip

29 32034

Country

30 USA

4. FEI Number

59-5376856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

CARTER, FLORENCE
1525 SIMMONS RD.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARTER, FLORENCE
STREET ADDRESS 1525 SIMMONS RD.
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ DELETE

TITLE D
NAME RICH, JEANETTE
STREET ADDRESS 211 SOUTH 10TH ST.
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ DELETE

TITLE D
NAME LANE, SUSAN
STREET ADDRESS 1501 RAINBOW ACRES RD.
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ DELETE

TITLE D
NAME LANE, CHUCK
STREET ADDRESS 2111 SEA ISLAND CT.
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE D
1.2 NAME GAIL CLARK GRACE
1.3 STREET ADDRESS 104 N. WOLFE ST
1.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME WILLIAM P. GRACE III
2.3 STREET ADDRESS 104 N. WOLFE ST
2.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE 11/18/97 REQUIRED Signature 01/10/97 (000321-13/3)

CR2E037 (4/97)