

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000379			
1. Corporation Name NEW HOPE, INCORPORATED			
Principal Place of Business 1002 BEECH ST FERNANDINA BEACH FL 32034 US		Mailing Address 1002 BEECH ST FERNANDINA BEACH FL 32034 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/17/1998	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-5376856	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARTER, FLORENCE 1525 SIMMONS RD. FERNANDINA BEACH FL 32034		11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. 14. City FL 15. Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 reappointing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 26, 1999 (PDA) 61-6004
Date Daytime Phone

KE

CR25037 (5/99)

FILED

99 OCT -8 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDAI HEREBY ADVISE YOU THAT THIS DOCUMENT HAS BEEN
FILED FOR RECORDING IN THE
CLERK OF THE COURT'S OFFICE

8/2/99 90006 015 \$61.25