

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90093 015 \*\*\*\*61.25

**DOCUMENT # N96000000379**

1. Entity Name  
**NEW HOPE, INCORPORATED**



Principal Place of Business  
**401 SOUTH 9TH STREET  
FERNANDINA BEACH, FL 32034 US**

Mailing Address  
**P. O. BOX 502  
FERNANDINA BEACH, FL 32035 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-5376856**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, FLORENCE  
1525 SIMMONS RD.  
FERNANDINA BEACH, FL 32034**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☒ Delete  
NAME **RICHO, JEANETTE**  
STREET ADDRESS **211 SOUTH 10TH ST.**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **TD** ☐ Delete  
NAME **SONNATI, ROBERT T**  
STREET ADDRESS **1864 OCEAN VILLAGE PLACE**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☐ Delete  
NAME **VAN TOMME, JOHN**  
STREET ADDRESS **221 N. 4TH ST**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☐ Delete  
NAME **CULLEN, HUGH**  
STREET ADDRESS **4914 RIGGING DR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☒ Delete  
NAME **ROBINSON, KATHRINE**  
STREET ADDRESS **701 S 13TH ST**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **William Reinhold**  
STREET ADDRESS **2475 Robert Oliver Ave**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☐ Change ☒ Addition  
NAME **Robert Haddock**  
STREET ADDRESS **Johnson's Lake Rd**  
CITY-ST-ZIP **Yulee, FL 32097**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARY MOORE**  
STREET ADDRESS **777 S. FLETCHER**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☒ Change ☐ Addition  
NAME **HUGH CULLEN**  
STREET ADDRESS **86183 HAMPTON BAY DRIVE**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-05 904324-4156**