2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # N9600000379	
1. Entity Name	
NEW HOPE, INCORPORATED	[32.22.22.23]

Principal Place of Business Mailing Address 5001476n **401 SOUTH 9TH STREET** P. O. BOX 502 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 59-5376856 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARTER, FLORENCE 1525 SIMMONS RD. Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH, FL 32034 City 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE D ☐ Delete TITLE □ Спапре Addition Coop, Edward 750 Grove Park Circle Fernandina Beach, Fl CARTER, FLORENCE NAME NAME 1525 SIMMONS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP 3*203*4 Change TITLE ☐ Delete TITLE Addition HADDOCK, ROBERT NAME NAME STREET ADDRESS JOHNSONS LAKE RD STREET ADDRESS CITY-ST-ZIP YULEE, FL 32097 CITY-ST-ZIP TD Delete TITLE TITI F ☐ Change ☐ Addition NAME SONNATI, ROBERT T NAME 1864 OCEAN VILLAGE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change VAN TOMME, JOHN NAME NAME STREET ADDRESS 221 N. 4TH ST STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CULLEN, HUGH NAME STREET ADDRESS 86183 HAMPTON BAY DRIVE STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE □ Delete TITLE Сhange Addition REINGOLD, WILLIAM NAME NAME 2475 ROBERT OLIVER DR STREET ADDRESS STREET ADDRESS CETY-ST-7IP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and statutes are exposed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attach fer a

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF