

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000379

FILED
Feb 11, 2003
Secretary of State

Entity Name: NEW HOPE, INCORPORATED

Current Principal Place of Business:

401 SOUTH 9TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 502
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: 59-5376856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, FLORENCE
Address: 1525 SIMMONS RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: RICH, JEANETTE
Address: 211 SOUTH 10TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: PURDUE, NORM
Address: 5443 FLORENCE POINT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: VAN TOMME, JOHN
Address: 221 N. 4TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: CULLEN, HUGH
Address: 4914 RIGGING DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ROBINSON, KATHRINE
Address: 701 S 13TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA STIVERS

D

02/11/2003

Electronic Signature of Signing Officer or Director

Date

ROBERT SONNATI, D
1864 OCEAN VILLAGE PLACE
FERNANDINA BEACH, FLORIDA 32034

BRENDA STIVERS, D
40 N. 14TH PLACE
FERNANDINA BEACH, FLORIDA 32034