2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003189

1. Entity Name
NEW HOPE/ANGER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3152 ROSTAN LANE LAKE WORTH, FL 33461	P.O. BOX 5657 LAKE WORTH, FL 33466-5657

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DO NOT WRITE IN THIS SPACE

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0754869
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DOLORES
3152 ROSTAN LANE
LAKE WORTH, FL 33461

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000185957
01/21/05-80037-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	JOHNSON, DOLORES A
STREET ADDRESS	3152 ROSTAN LANE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	DV
NAME	LANG, ALEXANDER
STREET ADDRESS	172 HAMPTON CIR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	DP
NAME	JOHNSON, DONALD
STREET ADDRESS	3152 ROSTAN LANE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	DS
NAME	LOPEZ, TAMARA
STREET ADDRESS	4893 FREEDOM CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dolores Johnson DOLORES JOHNSON 1/15/05 (561) 832-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #