

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N97000003189

1. Entity Name

NEW HOPE/ANGER MANAGEMENT, INC.



Principal Place of Business

**3152 ROSTAN LANE
LAKE WORTH, FL 33461**

Mailing Address

**P.O. BOX 5657
LAKE WORTH, FL 33466-5657**



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



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

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	ROTH, JAY
STREET ADDRESS	4164 DALE RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	DP
NAME	JOHNSON, DONALD
STREET ADDRESS	3152 ROSTAN LANE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	DS
NAME	TISCH, JOAN
STREET ADDRESS	1210 HOMEWOOD BLVD 201 C
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000892995
04/23/08-80088-006 70.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Donald Johnson **Donald Johnson** 4/6/08 561-832-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #