2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N97000003189

Entity Name: NEW HOPE/ANGER MANAGEMENT, INC.

Current Principal Place of Business:

3152 ROSTAN LANE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5657
LAKE WORTH, FL 334665657

New Mailing Address:

FEI Number: 65-0754869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, DOLORES
3152 ROSTAN LANE
LAKE WORTH, FL 33461 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:	DT	( ) Delete
Name:	JOHNSON, DOLORES A	
Address:	3152 ROSTAN LANE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	DV	( ) Delete
Name:	ROTH, JAY	
Address:	4164 DALE RD	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	DP	( ) Delete
Name:	JOHNSON, DONALD	
Address:	3152 ROSTAN LANE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	DS	( ) Delete
Name:	TISCH, JOAN	
Address:	1210 HOMEWOOD BLVD 201 C	
City-St-Zip:	DELRAY BEACH, FL 33445	

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:	DS	(X) Change ( ) Addition
Name:	JOHNSON, ORIAN	
Address:	302 SHORELINE DRIVE	
City-St-Zip:	GREENACRES, FL 33467	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD JOHNSON DP 04/20/2009

Electronic Signature of Signing Officer or Director — Date