


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000006843 1. Entity Name NEW HOPE DEVELOPMENT CENTER, INC.	
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Principal Place of Business 1881 NW 103 ST. MIAMI, FL 33147	Mailing Address 1881 NW 103 ST. MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0809597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLTS, RANDALL E 17437 SW 36 STREET HOLLYWOOD, FL 33029
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLTS, RANDALL E 17437 SW 36TH STREET HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILKINSON, KAREN E 7816 DILIDO BLVD. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, JEANNETTE 3380 KAPOT TERRACE HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLUDD, BARBARA J 2000 NW 194 TERR. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/07-80043-021 70.00

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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: *Karen E. Wilkinson* - KAREN E. WILKINSON DVP 1/18/07 305.696.7745 x17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #