2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004809

1. Entity Name
NEW HOPE HUMAN SERVICES, INC.

FILED Jul 07, 2008 8:00 am Secretary of State 07-07-2008 90001 042 ****70.00

Principal Place of Business 2855 LAKE HELEN OSTEEN RD DELTONA, FL 32738		Mailing Address 2855 Lake Helen Osteen RD Deltona, FL 32738				TOTOGO SE CAME DE LA C					
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mail	lailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					06162008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4	4. FEI Number 59-3543969		├	plied For at Applicable		
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
•	6. Name and Address of Current	Registere	d Agent			7	. Name and	Address of New	Registered A	gent	
F & L CORP.					Name						
ONE INDEPENDENT DRIVE SUITE 1300			Street Address			ress (P.C	(P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202										•	
					City				FL	Zip Code	э
	named entity submits this statement for	or the purp	ose of changing its	registere	ed office or reg	gistered	agent, or bott	n, in the State of	Florida. I am f	amiliar with,	and accept
the obligati	ions of registered agent.										
•	•										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signature re	required wh	en reinstating)		DATE		
Filing Fee Is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$. Ad	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DI	RECTORS		11.		ADI	DITIONS/CHA	WGES TO OFFIC	CERS AND DIF	ECTORS IN	10
TITLE	D		☐ Delete	TITLE		Ø.				Change	Addition
NAME	BRADLEY, WILLIAM			NAMI	· (Bra	dley, y	Uillia Seagate 1 FL 32	₩,		
STREET ADDRESS	1921 LAVINA ST				ET ADDRESS	105	5 , W. ≤	seagate	, Drive	_	
CITY-ST-ZIP	DELTONA, FL 32738			┩		10 €	stona	11-6 36	7170		
TITLE	D MONROE, ALICIA		☐ Delete	TITLE	I .					Change	Addition
NAME Street address	1022 W. EUCLID AVENUE			NAM	•						
CITY-ST-ZIP	DELAND, FL 32720			CTD:	ET ADIDDECC						
					ET ADORESS -SI-ZIP						
tmr			El Balde	CITY	-SI-ZIP					Channe	□ Addition
TITLE NAME	D		☐ Delete	CITY	-ST-ZIP					☐ Change	Addition:
TITLE NAME STREET ADDRESS	D SMITH, LESLIE	<u> </u>	☐ Delete	CITY	-SI-ZIP					☐ Change	Addition
NAME	D		☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP					☐ Change	Addition
name Street address	D SMITH, LESLIE 1348 E NORMADY BLVD			CITY- TITLE NAMI STRE	-SI-ZIP E EI ADDRESS -SI-ZIP					☐ Change	Addition
NAME Street address City-St-Zip	D SMITH, LESLIE 1348 E NORMADY BLVD DELTONA, FL 32723		☐ Delete	TITLE NAMI STRE CITY-	-SI-ZIP E E EI ADDRESS -SI-ZIP						
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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. 384

SIGNATURE:

Ocrothalene Brad SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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