

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004809

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: NEW HOPE HUMAN SERVICES, INC.

**Current Principal Place of Business:**

2855 LAKE HELEN OSTEEN RD  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2855 LAKE HELEN OSTEEN RD  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 59-3543969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: BRADLEY, WILLIAM  
Address: 1055 W SEAGATE DR  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: MONROE, ALICIA  
Address: 1022 W. EUCLID AVENUE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: SMITH, LESLIE  
Address: 1348 E NORMADY BLVD  
City-St-Zip: DELTONA, FL 32723

Title: D ( ) Delete  
Name: BRADLEY, DOROTHELENE  
Address: 1055 W. SEAGATE DR.  
City-St-Zip: DELTONA, FL 32725

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOROTHELENE BRADLEY

DIRE

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date