## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUÁL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800005556

1. Corporation Name

NEW HOPE DEVELOPMENT, INC.

Dringing! Diggs	of Dusiness		ailing Address				1			
Principal Place of Business Mailing Address								 	a <b>n</b> a <b>d</b> ag <b>a</b> a dagaa w	11/4 <b>0 0</b> 1(1 100)
5255 NORTH DIXIE HIGHWAY			5255 NORTH DIXIE HIGHWAY #D-2							
#D-2 FORT LAUDERDALE FL 33334			FORT LAUDERDALE FL 33334							
TOTAL ENODES	Dried ( 2 door)	•		•						
										_
2. Principal P	ace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed			
1		26					09/24/1998			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number		I Ap	plied For
2		27							<del></del>	t Applicable
City & Stat	9		City & State				5. Certifcate of Status Desired		\$8.75	
-		28					o. Carlicate of Status Besileo		Fee Re	quired
Zip	Country		Zip	_ Cor	intry		6. Election Campaign Financing		\$5.00	May Be
-!	25	29	3	0			Trust Fund Contribution		Added t	to Fees
	9. Name and Address of Current	Regis	tered Agent		ļ.,		10. Name and Address of New I	Registered.	Agent	
					81	Name				
DUDLEY,	CLYDE				82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
5255 NORTH DIXIE HIGHWAY										
#D-2	**************************************				83		<del></del>	·		
	IDERDALE FL 33334					0.7			as Zin (	Code
, on the	DENDALE 1 C 00004				84	City		FL	85 Zip (	Code
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florid	da. Such change was aut	horize	י עם ב	the corporation	n's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
SIGNATURE										
	Signature, typed or printed name of registered agent		<del></del>		Agen	t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO CI	FICEIO AIV	Change	Addition
TITLE	PD		☐ DELETE	1.1 17		ł			Citarige	
NAME	DUDLEY, CLYDE			1.2 N						
STREET ADORESS	5255 NORTH DIXIE HIGHWAY,	FU2		1.3 5	TREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33334			•	TY-ST	r-ZIP			Change	Addition
ITLE	SD		☐ DELETE	2.1 T	TLE				☐ Change	☐ Addition
NAME	NELSON, EARNESTINE			2.2 N	AME -					ļ
STREET ADORESS	1405 SELPH AVENUE			2.3 5	TREET	ADDRESS	•			ì
CITY-ST-ZIP	AVON PARK FL 33825			2.40	ITY-\$	T- ZIP	<u> </u>			
TITLE	TD		☐ DÉLETE	3.1 11	TLE	}			☐ Change	Addition
NAME	groover, Eugene			3.2 N	AME	1				}
STREET ADDRESS	5255 N. DIXIE HWY. #D2			3.3 8	TREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			3.4. 0	ITY-S	T-ZIP				
TITLE	-		☐ DELETE	4.1 T	TLE				Change	Addition )
NAME				4.21	IAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				4.4 Ç	TY-S7	T-ZIP				
TITLE			DELETE	5.1 Ti	TLE				Change	☐ Addition
NAME				5.2 N	AME					. {
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	ITY-ST	r-zip				
TITLE			☐ DELETE	6.1 π					Change	Addition
				6.2 N	AME				_ •	}
NAME						ADDRESS				
STREET ADDRESS	!			1						(
CITY-ST-ZIP				0.4 C	ITY-SI	1-217				

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

05-08-1999 90014 020 \*\*\*\*61.25

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May 08, 1999 8:00 am Secretary of State