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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 14 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000060158 (8)

1. Corporation Name

NEW HOPE TRUST, INC.

Principal Place of Business

2286 WILLOWBROOK DRIVE  
CLEARWATER FL 34624

Mailing Address

2286 WILLOWBROOK DRIVE  
CLEARWATER FL 34624-6781

3. Date Incorporated or Qualified  
07/16/1996

3a. Date of Last Report  
NONE

2. Principal Place of Business

21 30605 W 6 St  
GAINSVILLE FL 32608

2a. Mailing Address

26 PO Box 6602 Clearwater FL 34619

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gainesville FL

City & State

28

Zip

24 32608

Country

25 US

Zip

29

Country

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KESSELMAN, LYNN  
2286 WILLOWBROOK DRIVE  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PSD  
KESSELMAN, LYNN  
STREET ADDRESS  
2286 WILLOWBROOK DRIVE  
CITY-ST-ZIP  
CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
VTD  
SMITH, IRMA  
STREET ADDRESS  
2286 WILLOWBROOK DRIVE  
CITY-ST-ZIP  
CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 500002233885-33 Addition

12 NAME -07/16/97--01105--016

13 STREET ADDRESS \*\*\*\*\*165.00 \*\*\*\*\*165.00

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)