

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -1 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064595  
1. Corporation Name  
New Hope of Clearwater, Inc.

Principal Place of Business Mailing Address  
2920 Gulf to Bay Blvd.  
Clearwater, Fl.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		7/96	
22. State, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-342532	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JANICE SCHEFSKY 1706 W 12th St. PANAMA CITY, FL. 32401				81. Name	Ruth T. David		
				82. Street Address (P.O. Box Number is Not Acceptable)	2711 AUSTRALIA WAY West		
				83.	Bldg. 2 #38		
				84. City	FL	85. Zip Code	34623
				CLEARWATER			

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Ruth T. David (NOTE: Registered Agent signature required when re-registering) DATE: 4/28/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE	Pres.	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME	Albert J. David			1.2 NAME			
3. STREET ADDRESS	2657 Crystal Cir.			1.3 STREET ADDRESS	000002167740--6		
4. CITY-STATE-ZIP	Dunedin, Fl. 34698			1.4 CITY-ST-ZIP	-05/06/97--01083--020		
5. TITLE	V.P.	<input type="checkbox"/> DELETE		2.1 TITLE	****165.00 ****165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME	Ruth T. David			2.2 NAME			
7. STREET ADDRESS	2711 Australia Way W.			2.3 STREET ADDRESS			
8. CITY-STATE-ZIP	Bldg 2 #38 - C/W/., Fl.			2.4 CITY-ST-ZIP			
9. TITLE	Sec/Treasurer	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME	Nora J. David			3.2 NAME			
11. STREET ADDRESS	2657 Crystal Cir.			3.3 STREET ADDRESS			
12. CITY-STATE-ZIP	Dunedin, Fl. 34698			3.4 CITY-ST-ZIP			
13. TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY-STATE-ZIP				4.4 CITY-ST-ZIP			
17. TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY-STATE-ZIP				5.4 CITY-ST-ZIP			
21. TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. CITY-STATE-ZIP				6.4 CITY-ST-ZIP			

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 included 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 this 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 of this changed, or on an attachment with an address.

SIGNATURE: Nora J. David DATE: 4/28/97 DAYTIME PHONE #: 813-393-2813

CR2E034 (9/96)