

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90129 021 \*\*\*\*61.25

**DOCUMENT # N96000005622**

1. Entity Name

**NEW HOPE DROP IN CENTER, INC.**



Principal Place of Business  
**1251 NORTHWEST 36TH STREET  
MIAMI FL 33142**

Mailing Address  
**1251 NORTHWEST 36TH STREET  
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0731490**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, CAROLYN Y  
17600 NW 5TH AVENUE  
# 901  
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>RICHARDSON, J W<br/>1251 NORTHWEST 36TH STREET<br/>MIAMI FL 33142</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCD<br/>MCKOY, ASTLEY L<br/>1251 NORTHWEST 36TH STREET<br/>MIAMI FL 33142</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>WATTS, STEVEN W<br/>1251 NORTHWEST 36TH STREET<br/>MIAMI FL 33142</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FORMAN, MARTI E<br/>1251 NORTHWEST 36TH STREET<br/>MIAMI FL 33142</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>SMITH, MAGALY C<br/>1251 NORTHWEST 36TH STREET<br/>MIAMI FL 33142</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |                                     |   |
|--|-------------------------------------|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHANGES ON<br/>ATTACHED FORM</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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.

SIGNATURE:

*Carolyn Y. Wilson*

2/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)

Attachment # 700 20780  
REVISED BOARD

2003 NOT-FOR-PROFIT CORPORATION  
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D CHECK HERE IF MAKING CHANGES

City & State

City & State

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DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

D

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCKOY, Ashley L  
STREET ADDRESS 1251 NORTHWEST 36TH STREET  
CITY-ST-ZIP MIAMI FL 33142

D Delete

TITLE V D  
NAME SMITH, MAGAL Y C  
STREET ADDRESS 1251 NORTHWEST 36TH STREET  
MIAMI FL 33142

D Delete

TITLE TD  
NAME VALME', EDWARD  
STREET ADDRESS 1251 NORTHWEST 36TH STREET  
MIAMI FL 33142

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TITLE D  
NAME MILLER, SANDRA  
STREET ADDRESS 1251 NORTHWEST 36TH STREET  
MIAMI FL 33142

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NAME  
STREET ADDRESS

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CITY-ST-ZIP  
TITLE  
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STREET ADDRESS

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11.

TITLE  
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STREET ADDRESS CITY-  
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STREET ADDRESS

By signing and certifying that the information supplied with this filing does not qualify for the exemption stated in Section 11907(3)(l), 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