

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

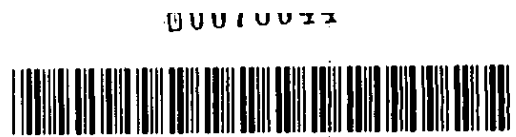
04-29-2002 90173 006 \*\*\*\*61.25

**DOCUMENT # N99000000990**  
 1. Entity Name  
**NEW HOPE WORLD OUTREACH, INC.**

Principal Place of Business <b>890 NW 168TH AVENUE PEMBROKE PINES FL 33028</b>	Mailing Address <b>890 NW 168TH AVENUE PEMBROKE PINES FL 33028</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0901494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ALLEN, DEBRA A DR**  
**890 NW 168TH AVENUE**  
**PEMBROKE PINES FL 33028**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALLEN, DEBRA</b> <b>890 NW 168 AVE.</b> <b>PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANCH, ELECTA</b> <b>3345 N. STATE HWY 239</b> <b>BLYTHEVILLE AR 72315</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRASSFIELD, PHILLIP</b> <b>P.O. BOX 341</b> <b>HEBER SPRINGS AR 72543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLPHIN, RAYMOND</b> <b>2023 ASH COURT</b> <b>BLYTHEVILLE AR 72315</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANE-JOHNSON, ELIZABETH</b> <b>538 PHEASANT RUN</b> <b>VIRGINIA BEACH VA 23452</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, HENRIETTA</b> <b>#55 HICKORY HILL CIRCLE</b> <b>LITTLE ROCK AR 72212</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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:** \_\_\_\_\_ Date **4/16/02** Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)