2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N99000000990

Entity Name: NEW HOPE WORLD OUTREACH, INC.

Current Principal Place of Business:

21113 JOHNSON ST.
101
PEMBROKE PINES, FL 33028

New Principal Place of Business:

21113 JOHNSON ST.
101
PEMBROKE PINES, FL 33029

Current Mailing Address:

890 NW 168TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0901494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLEN, DEBRA
Address: 890 NW 168 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: BRANCH, ELECTA
Address: 3345 N. STATE HWY 239
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D ( ) Delete
Name: BRASSFIELD, PHILLIP DR
Address: P.O. BOX 341
City-St-Zip: HEBER SPRINGS, AR 72543

Title: D ( ) Delete
Name: GOLPHIN, RAYMOND
Address: 1105 TERRY LANE
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D ( ) Delete
Name: DESNOYERS- COLAS, ELIZABETH DR
Address: 538 PHEASANT RUN
City-St-Zip: VIRGINIA BEACH, VA 23452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRASSFIELD, PHILLIP DR
Address: P.O. BOX 341
City-St-Zip: HEBER SPRINGS, AR 72543

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DEBRA A. ALLEN PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date