


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90185 036 ****61.25

DOCUMENT # N99000000990

1. Entity Name
NEW HOPE WORLD OUTREACH, INC.



Principal Place of Business
 21113 JOHNSON ST.
 101
 PEMBROKE PINES, FL 33029

Mailing Address
 890 NW 168TH AVENUE
 PEMBROKE PINES, FL 33028



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05022006 Chg-NP CR2E037 (4/06)

City & State
 Zip Country

4. FEI Number
65-0901494

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. 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

Filing Fee is \$61.25
Due by September 6, 2006

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 | PD | <input type="checkbox"/> Delete |
| NAME | ALLEN, DEBRA | |
| STREET ADDRESS | 890 NW 168 AVE. | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRANCH, ELECTA | |
| STREET ADDRESS | 3345 N. STATE HWY 239 | |
| CITY-ST-ZIP | BLYTHEVILLE, AR 72315 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRASSFIELD, PHILLIP DR | |
| STREET ADDRESS | P.O. BOX 341 | |
| CITY-ST-ZIP | HEBER SPRINGS, AR 72543 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOLPHIN, RAYMOND | |
| STREET ADDRESS | 1105 TERRY LANE | |
| CITY-ST-ZIP | BLYTHEVILLE, AR 72315 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DESNOYERS- COLAS, ELIZABETH DR | |
| STREET ADDRESS | 538 PHEASANT RUN | |
| CITY-ST-ZIP | VIRGINIA BEACH, VA 23452 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Gibson, Elizabeth | |
| STREET ADDRESS | 15825 SW 2nd Court 9-201 | |
| CITY-ST-ZIP | Pembroke Pines, FL 33027 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ms. Debra A. Allen May 2 2006 954-431-3440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D

ATTACHMENT

Woodard I. Warren
10526 NW 10th St.
Plantation, FL 33324

10037236
#N99000000990