

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 09, 2007  
Secretary of State

DOCUMENT# N99000000990

Entity Name: NEW HOPE WORLD OUTREACH, INC.

**Current Principal Place of Business:**

21113 JOHNSON ST.  
101  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

Title: D      ( ) Delete  
Name: GIBSON, ELIZABETH  
Address: 158521 SW 3RD CT 9-201  
City-St-Zip: PEMBROKE PINES, FL 33027

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

07/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date