

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90102 032 \*\*\*\*61.25

**DOCUMENT # N99000000990**



1. Entity Name  
**NEW HOPE WORLD OUTREACH, INC.**

Principal Place of Business  
**890 NW 168TH AVENUE  
PEMBROKE PINES FL 33028**

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

**90014169**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0901494**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

**7. Name and Address of New Registered Agent**

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

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**

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

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	
STREET ADDRESS	P.O. BOX 341	
CITY-ST-ZIP	HEBER SPRINGS AR 72543	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLPHIN, RAYMOND	
STREET ADDRESS	2023 ASH COURT	
CITY-ST-ZIP	BLYTHEVILLE AR 72315	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE-JOHNSON, ELIZABETH	
STREET ADDRESS	538 PHEASANT RUN	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1105 Terry Lane	
CITY-ST-ZIP	Blytheville, AR 72315	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Desnoyers-Colas, Elizabeth	
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 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: *Debra Allen*

1/27/03

534-907-5462

CR2E037 (10/02)