

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002598

Entity Name: NEW HOPE LIFE CENTER, INC.**Current Principal Place of Business:**8960 SOUTHLAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025**Current Mailing Address:**8960 SOUTHLAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025 US**FEI Number: 83-4660315****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE ONE SERVICES
7161 PEMBROKE ROAD #600
PEMBROKE PINES, FL 33023 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**Officer/Director Detail :**

Title	PASTOR
Name	HINDS, JACQUELINE J
Address	8960 SOUTHLAKE MIRAMAR CIRCLE
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	ELESA, SCOTT
Address	1041 SW 98TH TERRACE
City-State-Zip:	PEMBROKE PINES FL 33319

Title	D
Name	HINDS, HEROLD
Address	8960 SOUTHLAKE MIRAMAR CIRCLE
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	WAKEFIELD, NOEL
Address	17731 NW 14TH CT.
City-State-Zip:	MIAMI FL 33169

Title	D
Name	MANBOARD, PETULA
Address	8960 SOUTHLAKE MIRAMAR CIRCLE
City-State-Zip:	MIRAMAR FL 33025

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE HINDS**PASTOR****03/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date