

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013735

**Entity Name:** DELIVER HOPE MINISTRY INC.

**Current Principal Place of Business:**

3680 13TH AVE SW  
NAPLES, FL 34117

**Current Mailing Address:**

PO BOX 110706  
NAPLES, FL 34108

**FEI Number: 87-3879265**

**Certificate of Status Desired: No**

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

NASCIMENTO, MIRAM  
3680 13TH AVE SW  
NAPLES, FL 34117 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 COB  
Name NASCIMENTO, MIRIAM  
Address 3680 13TH AVENUE SOUTHWEST  
City-State-Zip: NAPLES FL 34117

Title VCB  
Name NASCIMENTO, NARCISO  
Address 3680 13TH AVE SW  
City-State-Zip: NAPLES FL 34117

Title DIR  
Name MARTINEZ, JESSICA  
Address 14970 SCHOONER BAY LN AP 20206  
City-State-Zip: NAPLES FL 34119

Title DIR  
Name FRIES, BRYAN  
Address 32706 E HAMMOND RD  
City-State-Zip: LONE JACK MO 64070

Title DIR  
Name FRIES, MELANIE  
Address 32706 E HAMMOND RD  
City-State-Zip: LONE JACK MO 64070

Title DIR  
Name OLIVEIRA, NILSON  
Address 3740 MILANO LAKE CIR APT0 105  
City-State-Zip: NAPLES FL 34114

*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: MIRIAM NASCIMENTO**

**COB**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date