

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

DOCUMENT# F05000000750

**Entity Name:** NEW HOPE MISSIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

4243 SW MCCRORY ST  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4243 SW MCCRORY ST  
PORT ST LUCIE, FL 34953

**FEI Number: 43-1629472**

**Certificate of Status Desired: Yes**

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

BAIRD, BRENT  
4243 SW MCCRORY ST  
PORT ST LUCIE, FL 34953 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 VP  
Name GLYMAN, PAUL  
Address 2700 N HALSTED P-7  
City-State-Zip: CHICAGO IL 60614

Title PRESIDENT  
Name BAIRD, JEFF  
Address 6160 SOUTH STATE HWY 125  
City-State-Zip: ROGERSVILLE MO 65742

Title DIRECTOR  
Name BAIRD, BRENT  
Address 4243 SW MCCRORY ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title D  
Name MORRIS, RALPH  
Address 32163 WEST 216TH STREET  
City-State-Zip: LAWSON MO 64062

Title DIRECTOR  
Name GALLIMORE, STEVE  
Address 1450 WYNINGER RD  
City-State-Zip: PURYEAR TN 38251

Title TREASURER  
Name GOLDSMITH, MICHAEL  
Address 209 W MARVIN AVE  
City-State-Zip: FREDERICKTOWN MO 63645

Title DIRECTOR  
Name ROATEN, JOHN  
Address 6730 SHADY GROVE ROAD  
City-State-Zip: PURYEAR TN 38251

Title DIRECTOR  
Name WELLS, KEN  
Address 165 ANDERSON DRIVE  
City-State-Zip: PARIS TN 38242

**Continues on page 2**

*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: BRENT BAIRD**

**DIRECTOR**

**02/21/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BAUMAN, JASON  
Address        11497 STATE ROAD O  
City-State-Zip: STE GENEVIEVE MO 63670