

2024 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

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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

01/31/2024

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