


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90037 005 \*\*\*\*70.00

<b>DOCUMENT # N00000006565</b> 1. Entity Name <b>NEW HOPE INTERNATIONAL MINISTRIES, INC.</b>					
Principal Place of Business <b>6031 DUVAL STREET HOLLYWOOD, FL 33024</b>			Mailing Address <b>6031 DUVAL STREET HOLLYWOOD, FL 33024</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1738285</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THOMAS, PHILIP 6031 DUVAL STREET HOLLYWOOD, FL 33024</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Philip V. Thomas</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-24-2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS, PHILIP</b>		NAME		
STREET ADDRESS	<b>6031 DUVAL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33024</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PHILOPOSE, SUSAN</b>		NAME	<b>JOJI KURIAKOSE</b>	
STREET ADDRESS	<b>225-17 88TH AVENUE BLDG #41</b>		STREET ADDRESS	<b>10282 SW 59th Street</b>	
CITY-ST-ZIP	<b>QUEENS, NY 11427</b>		CITY-ST-ZIP	<b>Cooper City FL 33328</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAURER, DAVID</b>		NAME		
STREET ADDRESS	<b>6021 DUVAL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33024</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BINEESH, JACOB K</b>		NAME		
STREET ADDRESS	<b>5100 SOUTHWEST 166 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTHWEST RANCHES, FL 33331</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS, REBECCA</b>		NAME		
STREET ADDRESS	<b>6031 DUVAL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33024</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Philip V. Thomas* **PHILIP THOMAS** 1-24-06 (954)243-3333