

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90084 022 ****61.25

DOCUMENT # **N01000007392**

1. Entity Name

**NEW HOPE MISSIONARY OUTREACH
MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2150 NW 130th ST.

3. Mailing Address

2150 NW 130th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33167

Country

USA

Zip

33167

Country

USA

4. FEI Number

65-1146325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROSE MARIE DONSOIE

Street Address (P.O. Box Number is Not Acceptable)

2150 N W 130th ST

City

MIAMI

FL

Zip Code

33167

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROSE MARIE DONSOIE President
2150 N W 130th ST MIAMI FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JULIE GAITHER Secretary
19299 NW 33rd AVE MIAMI FL
33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MIRLANDA ALLENDE Treasurer
1219 NE 145th ST MIAMI FL
33161**

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Rose Marie Donsoie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)