FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003585 (7)

1. Corporation Name
NEW HOPE WOMEN'S HOME, INC.

Principal Place of Business	Mailing Address
17130 S.W. 137TH AVE. MIAMI FL 33177	8900 S.W. 168TH ST. MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0440678 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANCOCK, REV. JAY 8900 S.W. 168TH ST. MIAMI FL 33157	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	~~ARROWOOD, MAJOR TED~~	12 NAME	
STREET ADDRESS	~~1306 S.W. 16T ST.~~	13 STREET ADDRESS	500001491945
CITY-ST-ZIP	~~MIAMI FL 33135~~	14 CITY-ST-ZIP	-05/17/95--01145--022
TITLE	~~P~~	21 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	ROSS, JAN	22 NAME	D
STREET ADDRESS	22651 SW 157TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, REV. GREG	32 NAME	D
STREET ADDRESS	27535 S.W. 167TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	~~V~~	41 TITLE	☐ Change ☐ Addition
NAME	KOCH, REV. CHARLES	42 NAME	D
STREET ADDRESS	10301 CARIBBEAN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MUSINO, MARTHA	52 NAME	
STREET ADDRESS	9621 S.W. 62ND CT.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	54 CITY-ST-ZIP	
TITLE	~~S~~	61 TITLE	☐ Change ☐ Addition
NAME	PLINTON, JIM DR.	62 NAME	D
STREET ADDRESS	8900 S.W. 168TH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Jan Ross JAN ROSS 4-10-95 (305) 238-1818 (305) 246-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0043414