FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **08/05/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 17130 S.W. 137 Avenue
Suite, Apt. #, etc. 22
City & State 23 Miami, Fl
Zip 24 33177 Country 25

2a. Mailing Address
26 P.O. Box 570431
Suite, Apt. #, etc. 27
City & State 28 Miami, Fl
Zip 29 33257 Country 30

4. FEI Number: **65-0440678** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANCOCK, REV. JAY
8900 S.W. 168TH ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARROWOOD, MAJOR TED 1398 S.W. 1ST ST. MIAMI FL 33135	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Rev. Gregory Davis 2735 S.W. 107 Avenue Homestead, Fl 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, JAN 22651 SW 157TH AVENUE MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Dr. Edward Sczechowicz 5900 S.W. 73 Street Suite 101 Miami, Fl 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, REV. GREG 27535 S.W. 167TH AVE. HOMESTEAD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer Mrs. Nancy Wolfe 32205 S.W. 199 Court Homestead, Fl 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, REV. CHARLES 10301 CARIBBEAN BLVD. MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Mrs. Aida Diego 6421 S.W. 16 Terrace Miami, Fl 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSINO, MARTHA 9621 S.W. 62ND CT. MIAMI FL 33156	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Executive Director Mr. Manuel A. Alvarez 9552 S.W. 165 Street Miami, Fl 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLINTON, JIM DR. 8900 S.W. 168TH ST. MIAMI FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Manuel A. Alvarez — Manuel A. Alvarez — 4/15/96 — 278-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #