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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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. 137 AVENUE MIAMI FL 33177 US	P.O. BOX 570431 MIAMI FL 33257-0431 US

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 04/18/1996

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

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	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	REV. GREGORY DAVIS		1.2 NAME	MRS. QUEEN E. ARMSTRONG	
STREET ADDRESS	2735 S.W. 107 AVENUE		1.3 STREET ADDRESS	14440 TYLER STREET	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DR. EDWARD SCZECHOWICZ		2.2 NAME	MR. Robert STINSON	
STREET ADDRESS	5900 S.W. 75 STREET SUITE 101		2.3 STREET ADDRESS	2351 S.E. 12th AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, REV. GREG		3.2 NAME		
STREET ADDRESS	27535 S.W. 167TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MRS NANCY WOLF		4.2 NAME		
STREET ADDRESS	32205 S.W. 199 COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MRS AIDA DIEGO		5.2 NAME		
STREET ADDRESS	6421 S.W. 16 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MR MANUEL A. ALVAREZ		6.2 NAME		
STREET ADDRESS	9552 S.W. 165 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 G. Alvarez 1-7-97 305 278-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034074
MANUEL A. ALVAREZ, EXECUTIVE DIRECTOR