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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000003585 (7)

NEW HUPE WOMEN'S HOME, INC.							
Principal Place of Business Mailing Address						-	
17130 S.W. 137 AVENUE P.O. BOX 570431 MIAMI FL 33177 MIAMI FL 33257 US US						3. Date Incorporated or Qualified 08/05/1993 4. FEI Number Applie	
2 Principal P	logo of Business	2a. Mailing Address				70 0110010	pplicable
2. Principal Place of Business		26				5. Certificate of Status Desired \$8.75 Addi Fee Requir	red
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Country Zip		Country			8. This corporation owes or has paid the current year Intang	ible
24	25	29	30			Personal Property Tax due June 30. Yes No	0
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
				81	Name		
HANCOCK, REV. JAY 8900 S.W. 168TH ST.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
MIAMI F				83			
				84	City	FL 85 Zip Code	ie
11. Pursuant office or ragent. I a	Manual C. (MUTO)	Wh.				ration submits this statement for the purpose of changing its re- on's board of directors. I hereby accept the appointment as regi	gistered istered
	Signature, typed or printed name of registered age	ant and little if applicable. (NOT:					
12	OFFICEDS AN			Agent	signature required	when reinstating) ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN	J 12
12.		ID DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12 Addition
12. TITLE NAME	D	ID DIRECTORS		TLE	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_
TITLE	D ARMSTRONG, QUEEN E	ID DIRECTORS	13. 1.1 Til 1.2 NA	TLE	DDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	_
TITLE NAME	D	ID DÍRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	TLE	DDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS	D ARMSTRONG, QUEEN E 14440 TYLER STREET MIAMI FL D	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII	ile Ame Reet a TY-ST-	DDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ARMSTRONG, QUEEN E 14440 TYLER STREET MIAMI FL D STINSON, ROBERT	ID DÍRECTORS	13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 Til 2.2 NA	TLE AME REET AI TY-ST- TLE	DDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ARMSTRONG, QUEEN E 14440 TYLER STREET MIAMI FL D STINSON, ROBERT 2351 SE 12TH AVE	ID DÍRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	TLE AME REET AI TY-ST- TLE AME	DDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, QUEEN E 14440 TYLER STREET MIAMI FL D STINSON, ROBERT 2351 SE 12TH AVE HOMESTEAD FL	ID DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 STT 2.4 CIT	TLE AME REET AI TY-ST- TLE AME REET AI	DDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ARMSTRONG, QUEEN E 14440 TYLER STREET MIAMI FL D STINSON, ROBERT 2351 SE 12TH AVE HOMESTEAD FL	ID DÍRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	TLE AME REET AI TY-ST- TLE AME REET AI TY-ST-	DDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	Addition Addition
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14. Thereby 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: