FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State
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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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/05/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0440678 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 MANUEL ALVAREZ
82 Street Address (P.O. Box Number is Not Acceptable) 9552 SW 165 St.
83
84 City MIAMI FL 85 Zip Code 33157

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 Manuel A. Alvarez - Executive Director Manuel A. Alvarez 1-19-99
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, QUEEN E		1.2 NAME	
STREET ADDRESS	14440 TYLER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STINSON, ROBERT		2.2 NAME	
STREET ADDRESS	2351 SE 12TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MRS NANCY WOLF		3.2 NAME	
STREET ADDRESS	32205 S.W. 199 COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MRS AIDA DIEGO		4. 2 NAME	
STREET ADDRESS	6421 S.W. 16 TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MR MANUEL A. ALVAREZ		5.2 NAME	
STREET ADDRESS	9552 S.W. 165 STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Manuel A. Alvarez Executive Director **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 (305) 278-2773
Date Daytime Phone #