NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005529

1. Corporation Name

GREATER NEW ZION HOPE OUTREACH MINISTRIES.INC.

Principal Place of Business

Mailing Address

2941 N.W. 4TH COURT POMPANO BEACH FL 33069 2941 N.W. 4TH COURT POMPANO BEACH FL 33069

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90116 030 ****70.00

2 Principal Pl	Pace of Business	2a. Mailing Ad	dress	_		3. Date incorporated	d or Qualifed				
-	ace of Dusiness	26	4.000			10/28/1996			•		
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.	_		4. FEI Number				Applied I	or
22	.,	27				NOT APPLIC	able	15	7, 2	Not Appl	icable
City & State				5. Certificate of Status Desired See Required							
Zip	Country	Zip Country				6. Election Campaig	in Financing ,		\$5.0	00 May E	 Зе
24	25 29 30					Trust Fund Contribution Added to Fees					
	9. Name and Address of Current	t Registered Agen	it			10. Name and Addr	ess of New Reg	istered A	gent		
				81	Name						
CAMPREL	L. WALTER D			82 Street Address (P.O. Box Number is Not Acceptable)							
	. 4TH COURT			"	Suborna	idioda (1 .o. box italioo.)		-,			
) BEACH FL 33069			83						•	
FUMPAIN	PEROITIC SOUR			84	City		•		85 2	ip Code	-
				1	City			FL	1-1		
affice or r	to the provisions of Sections 617.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida Such ch:	ange was autho 7.0503, Florida	Statutes	the corpora	ation's position directors. I	nereby accept to	ie appoin	инен а	s registere	
- SIGNATORE	Signature, typed or printed name of registered agen		(NOTE: Reg		nt signature requ	ired when reinstating)	IOCO TO OCCIO	DATE AND	י טיטבר	TODE IN	112
12.		D DIRECTORS	22/575	13.		ADDITIONS/CHAP	NGES TO OFFIC	ERS ANI	Char		Addition
TITLE	PD		DELETE	1.1 TITLE					CI Cilar	19¢ 1	VATAIRDIT
NAME	CAMPBELL, WALTER D			1.2 NAME							
STREET ADDRESS				1.3 STREE	TADDRESS				·		
CITY-ST-ZIP	POMPANO BEACH FL 33069			1.4 CITY-S	T-ZIP				☐ Char		Addition
TITLE	D	L	DELETE	2.1 TITLE					☐ Criar	iãe 🗀	Auggon
NAME	HARYLEY, JOSEPH L SR			2.2 NAME)	•					
STREET ADDRESS	2510 NW 31ST AVE			2.3 STREE	FADDRESS						
CiTY-ST-ZIP	FT LAUDERDALE FL		·	2. 4 CITY-S	T-ZIP	*	,		☐ Chan	<u> </u>	Addition
TITLE	D	<i>></i> ×	DELETE	3.1 TITLE					∐ Cilar	ige []	Audillori
NAME	NELSON, JOE JR			3.2 NAME							
STREET ADDRESS	1050 NW 7TH ST #9			3.3 STREE	TADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL			3.4. CITY-5	T-ZIP		·	····	Char		Addition
TITLE	D		DELETE	4.1 TITLE	1					ıβe Γ"]	Addition
NAME	GARY, JERRY JR			4. 2 NAME							
STREET ADDRESS	2951 NW 7TH ST			4,3 STREE	TADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL		DELETE	4.4 CITY-S	T-ZIP				Char		Addition
TITLE	D	L	DELETE	5.1 TITLE			•		Collar	ıyo ∟J	AUGILION
NAME	NELSON, CORINE			5.2 NAME	TADDDESS		• • • •				
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL		DELETE	5.4 CITY-S 6.1 TITLE	(-ZIP		····-		Char	10e 🗆	Addition
TITLE	D	_	DELETE							.8e. [□]	гацици
NAME	SHAW, NIKITA			6.2 NAME							
STREET ADDRESS					TADORESS		•				
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-S	T-ZIP			· ·			

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:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

125/99

Daytime Phone #

R2E037 (11/98)