

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 023 ****70.00

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1. Entity Name

**GREATER NEW ZION HOPE OUTREACH
MINISTRIES, INC.**



Principal Place of Business

2600 W. HANNONVILLE RD.
#7
POMPANO BEACH FL 33069

Mailing Address

2510 N.W. 31 AVE.
FORT LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

2600 W. HAMMONDVILLE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

Zip

33069

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

HARLEY, JOSEPH L
2510 N.W. 31 AVE.
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARLEY, JOSEPH L SR
STREET ADDRESS 2510 NW 31ST AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE D
NAME ROBINSON, ERNESTINE
STREET ADDRESS 2656 N.W. 9TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE D
NAME NELSON, JOE JR
STREET ADDRESS 2400 W BROWARD BLVD LOT 814
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE ST
NAME RILES, HENRIETTA
STREET ADDRESS 6860 N.W. 46 COURT
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Joseph L. Harley Sr. JOSEPH L. HARLEY SR 1/30/07 954 732-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #