2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000005529

1. Entity Name



FILED Mar 27, 2008 8:00 am Secretary of State

GREATER NEW ZION HOPE OUTREACH MINISTRIES,INC.					03-27-2008 90033 018 ****/0.00	
Principal Place of Business		Mailing Address				
2600 W. HANNONVILLE RD.		2510 N.W. 31 AVE.				
POMPANO BEACH FL 33069		FORT LAUDERDALE FL 33311			.	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/07)	
City & State		City & State			4. FEI Number NO-T APPLICABLE Applied Fo	
Zip	Country	Zıp	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	·		7. Name and Address of New Registered Agent	
			Name			
HAF	RLEY, JOSEPH L		Street Address		(P.O. Box Number is Not Acceptable)	
	0 N.W. 31 AVE. RT LAUDERDALE FL 33311				* /	
	TI LAUDENDALE LE 33311					
			City		FL Zip Code	
8. The above	named entity submits this statement to	or the nurnose of changing its	registered office (er registere	ered agent, or both, in the State of Fiorida. Lam familiar with, and acc	vorst
the obligat	ions of registered agent.	a the perpose of ortaliging its	registered onice o	n registere	and agent, or both, in the State of Folicia. Fair liabilities with, and acc	ept
SIGNATURE .						
	Signature, typed or printed name of registered agent	and the limplicatio. (NOTE	E: Bag stored Agant signs	ibire reguledi	5d when reinstating) DATE	
					engregering value op galland.	
	FILE NOW: FEE IS S61.25		npaign Financing		\$5.00 May Be Make Check Payable to	
	Due By May 1, 2008		Johnburgh,		Added to Fees Florida Department of State	/ : -
10.	OFFICERS AND DI	***************************************	11.	Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	P	_ Change 🚨 Ado	lition
NAME	HARLEY, JOSEPH L SR		NAME		VCLYN GOTTIER	
	2510 NW 31ST AVE		STREET ADDRESS	34	491 N.W. IST STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZiF	FT.	· LAUDERDALE FL. 33311	
Talle	D	☐ Delete	TITLE			lition
NAINE	ROBINSON, ERNESTINE 2656 N.W. 9TH STREET		NAME	NEZ	LSON, WY TERIA Change A Add	
STREET ADDRESS CITY+ST-ZIP	POMPANO BEACH FL 33069		STREET ADDRESS	704	y N.W. 172 Five 7	-
<u> </u>	D		CITY-ST-ZIP	ET.	LAUPERDALE FL. 333/	
TITLE NAME	NELSON, JOETJR	☐ Delete	TITLE NAME	ALCI	Change Add	lition
l	2400 W BROWARD BLVD LOT 81	4	STREET ADDRESS	704	Y N.W. 12 ATE #10	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP	6-1	LSON, JOE J.P All Change Add Y N.W. 12 Are #10 LALDEROALE FL. 333//	
TITLE	ST	Dalete	TITLE		Change Add	fition
HAME	RILES, HENRIETTA	,	NAME		البية المحادث ليبية	
ſ	6860 N.W. 46 COURT		STREET ADDPESS			
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Add	iition
NAME CIRCL ADDRESS			NAME CTOSET CORDINAR			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
} 		□		 		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Add	ation
STREET ADDRESS	}		NAME Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
	Certify that the information expelled wi	to this files does not qualify t	ar the everantions		and in Continue 110. Floride Contract I feathers and it also interest	-

r riereoy 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. (954) 234-8093

EC, 26,2008