

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000031**

1. Entity Name  
**NEW HOPE WORSHIP CENTER OF MIRAMAR, INC.,**



Principal Place of Business  
**6855 B MIRAMAR PARKWAY  
MIRAMAR, FL 33023**

Mailing Address  
**13351 SW 21ST ST  
MIRAMAR, FL 33027**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0803505**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THOMAS, MICHAEL  
13351 SW 21ST ST  
MIRAMAR, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

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)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000147556  
05/03/04-80110-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	THOMAS, MICHAEL
STREET ADDRESS	13351 SW 21ST ST
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	THOMAS, MALVA
STREET ADDRESS	13351 SW 21ST ST
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	MAYNE, DEWITH
STREET ADDRESS	6720 S.W. 26TH STREET
CITY - ST - ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

(954) 804 8001  
Daytime Phone #