

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001557

FILED
May 02, 2007
Secretary of State

Entity Name: NEW HOPE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

1195 NW 124 STREET
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

14855 SW 39 CT
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-0841094 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORIN, MARIE M
14855 SW 39 COURT
MIRAMAR, FL 33027 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORIN, MARIE M
Address: 14855 SW 39 COURT
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: SILNEY, NORMA
Address: 560 NE 151 STREET
City-St-Zip: MIAMI, FL 33167

Title: DT () Delete
Name: DESIUS, DUCLAIRE
Address: 1265 NW 122 STREET
City-St-Zip: MIAMI, FL 33167

Title: DT () Delete
Name: MAURICE, HIACYNTHIE
Address: 18630 NW 11 PL
City-St-Zip: MIAMI, FL 33169

Title: DV () Delete
Name: FREDERIC, NOEL
Address: 12900 NW 18 CT
City-St-Zip: MIAMI, FL 33167

Title: DT () Delete
Name: JEAN, AMOS
Address: 15101 NW 5 TH AVE
City-St-Zip: MIAMI, FL 33168 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE MAUD MORIN

DP

05/02/2007

Electronic Signature of Signing Officer or Director

Date