


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90005 015 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000005508

1. Corporation Name  
 NEW HOPE MISSION OF HAITI INTERNATIONAL, INC.

Principal Place of Business  
 621 NOTRE DAME WAY  
 KISSIMMEE FL 34759

Mailing Address  
 621 NOTRE DAME WAY  
 KISSIMMEE FL 34759



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/21/1998
22	27	4
City & State	City & State	FEI Number
23	28	59-3116437
Zip	Zip	Applied For
24	29	Not Applicable
Country	Country	5. Certificate of Status Desired
25	30	8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERRON, RON 621 NOTRE DAME WAY KISSIMMEE FL 34759		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PERRON, RON 621 NOTRE DAME WAY KISSIMMEE FL 34759	1.1 TITLE	SD JEAN JOEL DELISMA 621 NOTRE DAME WAY KISSIMMEE, FL 34759
NAME	VD PERRON, KIM 621 NOTRE DAME WAY KISSIMMEE FL 34759	1.2 NAME	VTD Kim Perron 621 NOTRE DAME WAY KISSIMMEE, FL 34759
STREET ADDRESS	STD VERDECIA, MIRTA N 216 SHILLIGAN LN KISSIMMEE FL 34758	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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] REQUIRED 7-27-99 407-847-3210  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)