FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90078 003 ****61.25

D	OCUMENT #	N98000	0007125

1. Corporation Name

A NEW HOPE FELLOWSHIP INC.

Principal Place of Business				
10445 NW 8TH STREET				
SUITE 201				
PEMBROKE PINES FL 33024				

Mailing Address

10445 NW 8TH STREET SUITE 201 PEMBROKE PINES FL 33024

PEMORUNE FIN	E0 FL 33064			remone	ME THEO TE OULT							•
Principal Place of Business				2a. Mailing Address			3. Date Incorporated or Qualife	d				
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27					e, Apt. #, etc.				4. FEI Number 65-099	9067	フ 🏻 🗕 ∸	olied For Applicable
City & State City & State					& State				5. Certifcate of Status Desired		\$8.75 A	
Zip 24	Country Zip 29 30				Country			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
	9. Name and	Address	of Current R	egistered	i Agent				10. Name and Address of New	Registered A	(gent	
-						81	Nam	e				
RIVERA, JOSE A						82	Stree	et Address (P.O. Box Number is Not Acceptable)				
	8TH STREET					83						
SUITE 201												
PEMBROKE PINES FL 33024						84		FL				
office or re agent. I a	egistered agent, m familiar with,	or both, in and accept	the State of F	lorida. Si is of, Sec	tion 617.0503, Florid	norizea dv	anerco	nd corporation	pration submits this statement for the	ept the appoir	anding its regitation	istered
SIGNATURE	Signature, typed or pr	inted name of n	egistered agent an	d title if applic	cable. (NOTE: R	egistered Age	nt signatu	e required	when reinstaling)	DATE		
12.		OFFI	CERS AND D	DIRECTO	RS	13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PRESID	ENT	HOME	ECTAN	☐ DELETE	1.1 TITLE	,	ļ			☐ Change	☐ Addition
NAME	TOLE	A NI	INEAL	2_	, _	1.2 NAME		1				ļ
STREET ADDRESS	10445	1141	0 < 1	THE	=T Juile 201	1.3 STREE	TADORES	s				
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TITLE	SELLE	TAN	# 0116	Lia	DELETE	2.1 TITLE					Change	☐ Addition
NAME	1100	1	וחשונו	1		22 NAME						
STREET ADDRESS	CLAKE	4 12	0 (8)		Suite 201	2.3 STREE	TADORES	ss				
CITY-ST-ZIP	DENIA	WE G	INELIF	7 7	2024	2.4 CITY-			•			
TITLE		DINE		<u> </u>	DELETE	3.1 TITLE		-			☐ Change	Addition
NAME	1415		_			3.2 NAME						
STREET ADDRESS	13231	ررور	500	57		3.3 STREE	TADORE	s				
CITY-ST-ZIP	DEMA	aplace	- PINE	T F	3301B	3.4. CITY-	ST-ZIP					
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NAME	ROSA	013	Pina			4. 2 NAME						
STREET ADDRESS			180 A	VE		4.3 STREE	T ADDRE	ss				1
CITY-\$T-ZIP	PEMZI	OUF	PIAJO	SEC	27024	4.4 CITY-5	ST-ZIP					•
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NAME						5.2 NAME						
STREET ADDRESS						5.3 STREE	TADDRE	SS				
CITY-ST-ZIP	1					5.4 CITY-5	ST-ZIP					
TITLE					DELETE	6.1 TITLE					Change	☐ Addition
NAME						6.2 NAME		1				
·	•					6.3 STREE	TADORE	ss			÷	
STREET ADDRESS						64 CITY-S						

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: