2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N98000007125

Entity Name: A NEW HOPE FELLOWSHIP INC.

Current Principal Place of Business:

7100 PINES BLVD
BAY #3
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 820686
PEMBROKE PINES, FL 33029

New Mailing Address:

18025 S.W. 13 ST
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0889067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, JOSE A
18025 SW 13 ST.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: RIVERA, JOSE A
Address: 18025 SW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete
Name: ORTIZ, LUIS
Address: 13225 NW 9 CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Delete
Name: CASOLA, RAFAEL
Address: 910 SW 99 PL
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RIVERA, JOSE A
Address: 18025 SW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VD (X) Change ( ) Addition
Name: ORTIZ, LUIS
Address: 13225 NW 9 CT
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE A. RIVERA PD 04/28/2004

Electronic Signature of Signing Officer or Director — Date