


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 036 \*\*\*\*61.25

<b>DOCUMENT # N99000000990</b> 1. Entity Name <b>NEW HOPE WORLD OUTREACH, INC.</b>					
Principal Place of Business <b>21113 JOHNSON ST. 101 PEMBROKE PINES, FL 33029</b>				Mailing Address <b>890 NW 168TH AVENUE PEMBROKE PINES, FL 33028</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0901494</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALLEN, DEBRA A DR 890 NW 168TH AVENUE PEMBROKE PINES, FL 33028</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, DEBRA		NAME		
STREET ADDRESS	890 NW 168 AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, ELECTA		NAME		
STREET ADDRESS	3345 N. STATE HWY 239		STREET ADDRESS		
CITY-ST-ZIP	BLYTHEVILLE, AR 72315		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASSFIELD, PHILLIP DR		NAME		
STREET ADDRESS	P.O. BOX 341		STREET ADDRESS		
CITY-ST-ZIP	HEBER SPRINGS, AR 72543		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLPHIN, RAYMOND		NAME		
STREET ADDRESS	1105 TERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	BLYTHEVILLE, AR 72315		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESNOYERS- COLAS, ELIZABETH DR		NAME		
STREET ADDRESS	538 PHEASANT RUN		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gibson, Elizabeth		NAME		
STREET ADDRESS	15825 SW 2nd Court 9-201		STREET ADDRESS		
CITY-ST-ZIP	Pembroke Pines, FL 33027		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Debra A. Allen</i> <i>May 2 2006</i> <i>954-431-3440</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #</small>					

D

ATTACHMENT

Woodard I. Warren  
10526 NW 10th St.  
Plantation, FL 33324

10037236  
#N99000000990