2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000000990

Entity Name: NEW HOPE WORLD OUTREACH, INC.

Current Principal Place of Business:

540 NE 8TH STREET
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

890 NW 168TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0901494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, DEBRA A DR
890 NW 168TH AVENUE
PEMBROKE PINES, FL 33028 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:	ALLEN, DEBRA	
Address:	890 NW 168 AVE.	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	D	( ) Delete
Name:	WARREN, WOODARD	
Address:	1821 NW 36 TERRACE	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	D	( ) Delete
Name:	BRASSFIELD, PHILLIP DR	
Address:	P.O. BOX 341	
City-St-Zip:	HEBER SPRINGS, AR 72543	
Title:	D	( ) Delete
Name:	GOLPHIN, RAYMOND	
Address:	1105 TERRY LANE	
City-St-Zip:	BLYTHEVILLE, AR 72315	
Title:	D	( ) Delete
Name:	DESNOYERS- COLAS, ELIZABETH DR	
Address:	11935 ABERCOM STREET	
City-St-Zip:	SAVANNAH, GA 31419	
Title:	D	( ) Delete
Name:	GIBSON, ELIZABETH	
Address:	890 NW 168TH AVE	
City-St-Zip:	PEMBROKE PINES, FL 33028	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	ALLEN, DEBRA A DR	
Address:	890 NW 168 AVE.	
City-St-Zip:	PEMBROKE PINES, FL 33028	
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:	D	(X) Change ( ) Addition
Name:	JONES, CHANDRIA	
Address:	1 BRALAN COURT	
City-St-Zip:	GAITHERSBURG, MD 20877	
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: DR DEBRA A ALLEN PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date