

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745070

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC1941893286**

**Entity Name:** NEW HOPE INC. IN SOUTHWEST RANCHES

**Current Principal Place of Business:**

6201 S.W. 160TH AVE.  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

6201 S.W. 160TH AVE.  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** 59-1843522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LARSON, MATTHEW CREV  
3884 HERON RIDGE LANE  
WESTON, FL 33331 US

*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

**Officer/Director Detail :**

Title D, SECRETARY  
Name BRECENO, JULIO  
Address 19161 NW 77 CT  
City-State-Zip: MIAMI FL 33015

Title PD  
Name LARSON, MATTHEW C  
Address 3884 HERON RIDGE LANE  
City-State-Zip: WESTON FL 33331

Title T  
Name DIAMOND, WILLIAM  
Address 15906 WAVERLY MANOR  
City-State-Zip: DAVIE FL 33331

Title DIRECTOR  
Name COLINDRES, ERIC  
Address 18631 NORTHWEST 56TH AVE  
City-State-Zip: MIAMI GARDEN FL 33055

Title DIRECTOR  
Name REYES, CARLOS  
Address 1568 NORTHWEST 171ST AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name WILLIS, FOREST  
Address 239 LAKEVIEW DRIVE  
103  
City-State-Zip: WESTON FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE:** MATTHEW C LARSON

**PASTOR**

**03/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date