

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 745070

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:** Yes**Name and Address of Current Registered Agent:**LARSON, MATTHEW CREV
6201 SW 160TH AVE
SOUTHWEST RANCHES, 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:** REV. MATTHEW C LARSON

12/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, TREASURER
Name THOMAS, JACOB
Address 3880 HERON RIDGE LANE
City-State-Zip: WESTON FL 33331

Title DIRECTOR, SECRETARY
Name SUE GANSKE
Address 16101 EMERALD ESTATES DR. #256
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name TOM, EDWARD JR.
Address 5025 SW 89TH AVE.
City-State-Zip: COOPER CITY FL 33328

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/PRESIDENT

12/11/2017

Electronic Signature of Signing Officer/Director Detail

Date