## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007299

Entity Name: NEW HOPE COMMUNITY MULTI-PURPOSE CENTER, INC.

**FILED** May 12, 2016 **Secretary of State** CC1286647233

## **Current Principal Place of Business:**

2371 NW 119TH STREET **APT 316** MIAMI, FL 33167

## **Current Mailing Address:**

2371 NW 119TH STREET **APT 316** MIAMI, FL 33167 US

FEI Number: 20-3178281 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BETTERSON, ALBERTA L 2371 NW 119TH STREET **APT 316** MIAMI, FL 33167 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

Officer/Director Detail:

Title PD. CEO Title D

Name BETTERSON, ALBERTA Name ALUBI, NELSON

2371 NW 119TH STREET 2371 NW 119TH STREET Address Address

**APT 316 APT 316** 

City-State-Zip: MIAMI FL 33167 City-State-Zip: MIAMI FL 33167

Title DIRECTOR, SECRETARY Title DIRECTOR, ELDER Name WHYMS, SHANNON Name DRAKES, ANNETTE

Address 3252 VERDANT DRIVE SW Address 13101 MEMORIAL HWY

> **APT 903** #103

City-State-Zip: ATLANTA GA 30331-3082 City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR Title DIRECTOR

COLLINS, JOY WHYMS, AMBER Name Name

2589 CENTERGATE DRIVE 2371 NW 119TH STREET Address Address #202

**APT 316** 

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIAMI FL 33167 Date

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.