2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# 750901

Entity Name: HOPE FAMILY SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 1624
BRADENTON, FL 34206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1624
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 59-1970241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, LAUREL A
1201 8TH AVE W
BRADENTON, FL 34205 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:	TD	( ) Delete
Name:	WELSH, PAUL	
Address:	4409 50TH DR. WEST	
City-St-Zip:	BRADENTON, FL 34210	
Title:	PD	( ) Delete
Name:	MAURO, CAROLYN A.	
Address:	4653 LAJOLLA DR	
City-St-Zip:	BRADENTON, FL 34210	
Title:	D	( ) Delete
Name:	STEUBE, BRAD	
Address:	515 11TH STREET WEST	
City-St-Zip:	BRADENTON, FL 34205	
Title:	D	( ) Delete
Name:	EGOLF, BOB	
Address:	2250 WHITFIELD AVENUE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	HULIN, LINDA	
Address:	7607 SENRAB DRIVE	
City-St-Zip:	BRADENTON, FLA.,	
Title:	D	( ) Delete
Name:	BENNETT, DEE	
Address:	7056 HAWK HARBOR CIRCLE	
City-St-Zip:	BRADENTON, FL 34207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MAURO, CAROLYN A.	
Address:	4653 LAJOLLA DR	
City-St-Zip:	BRADENTON, FL 34210	
Title:	PD	(X) Change ( ) Addition
Name:	STEUBE, BRAD	
Address:	515 11TH STREET WEST	
City-St-Zip:	BRADENTON, FL 34205	
Title:	D	(X) Change ( ) Addition
Name:	KINNAN, SUE	
Address:	1103 59TH ST. NW	
City-St-Zip:	BRADENTON, FL 34209	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAUREL A. LYNCH ED 02/25/2004

Electronic Signature of Signing Officer or Director — Date