

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:15

DOCUMENT # 759968 (1)
1. Corporation Name
H.O.P.E. OF LEE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8290 COLLEGE PKWY, SUITE 100 FT MYERS FL 33919-2124 **8290 COLLEGE PKWY, SUITE 100 FT MYERS FL 33919-2124**

3. Date Incorporated or Qualified **09/11/1981** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2128697** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 9470 HealthPark Cir. 26 9470 HealthPark Cir.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Fort Myers FL 27 Fort Myers FL
City & State City & State
23 33908 25 Lee 29 33908 30 Lee
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BECKWITH, SAMIRA K.
17080 HARBOUR POINTE DR #815
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH, SAMIRA	12 NAME	
STREET ADDRESS	17080 HARBOUR POINTE DR	13 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	14 CITY - ST - ZIP	
TITLE	CD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, BRAD	22 NAME	D
STREET ADDRESS	18330 FAIRWAYWOOD DR. #1705	23 STREET ADDRESS	625 Beachwalk Cir. G-201
CITY - ST - ZIP	FT. MYERS FL 33908	24 CITY - ST - ZIP	Naples, FL 33963
TITLE	VCD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTIUS, LOU	32 NAME	
STREET ADDRESS	18742 PANTHER PAW COURT	33 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33901	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROOP, RUSSELL	42 NAME	C/D
STREET ADDRESS	1304 LYNWOOD AVE	43 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33901	44 CITY - ST - ZIP	
TITLE	SD	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPP, HAROLD	52 NAME	S/D
STREET ADDRESS	2691 N.E. PINE ISLAND RD.	53 STREET ADDRESS	Giles, Tom
CITY - ST - ZIP	N. FT. MYERS FL 33909	54 CITY - ST - ZIP	3532 SE 17th Pl.
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JIM	62 NAME	T/D
STREET ADDRESS	3488 AVACADO DR	63 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33901	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samira K. Beckwith, President / 1002-15-95 813-482-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #