

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759968 (1)
 1. Corporation Name
H.O.P.E. of Lee County, Inc.

Principal Place of Business 9470 HealthPark Cir. Ft. Myers, FL 33908 US	Mailing Address 9470 HealthPark Cir. Ft. Myers, FL 33908 US
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3. Date Incorporated or Qualified 09/11/1981	3a. Date of Last Report 2/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2128697	Applied For Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	Beckwith, Samira
STREET ADDRESS	17080 Harbour Pointe Dr.
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	SD <input type="checkbox"/> DELETE
NAME	Reeves, Jim Jr. M.D.
STREET ADDRESS	3840 Broadway
CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	D <input type="checkbox"/> DELETE
NAME	Pontius, Lou
STREET ADDRESS	16742 Panther Paw Ct.
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE
NAME	Schroop, Russell, Esq.
STREET ADDRESS	1304 Lynwood Ave.
CITY-ST-ZIP	Ft. Myers, FL 33902
TITLE	CD <input type="checkbox"/> DELETE
NAME	Giles, Tom
STREET ADDRESS	3532 SE 17th Pl.
CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	VD <input type="checkbox"/> DELETE
NAME	Humphrey, Jim
STREET ADDRESS	3486 Avacado Dr.
CITY-ST-ZIP	Ft. Myers, FL 33901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800002086158
53 STREET ADDRESS	-02/13/97--01007--032
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **01/27/97** **(941)482-4673**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

OFFICERS AND DIRECTORS CON'T

TD

SULLIVAN, CHARLES REV.
12171 IONA RD.
FT. MYERS, FL 33908

D

BLAGG, JAMES D. JR., PH.D., DEAN
17595 S. TAMiami TRAIL, STE 200
FT. MYERS, FL 33908-4500

D

SIDELL, MARY KAY
8595 COLLEGE PKWY., STE 65
FT. MYERS, FL 33919