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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address  
9470 HEALTHPARK CIR. FT MYERS FL 33908 US  
9470 HEALTHPARK CIR. FT MYERS FL 33908 US

3. Date Incorporated or Qualified  
09/11/1981  
4. FEI Number  
59-2128697  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 26 29 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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  
Beckwith, Samira K.  
82 Street Address (P.O. Box Number Is Not Acceptable)  
9470 HealthPark Circle  
83  
84 City Fort Myers, FL 85 Zip Code 33908

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 Samira K. Beckwith President and CEO DATE 2-11-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REEVES, JIM JR. M.A.	
STREET ADDRESS	3840 BROADWAY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PONTIUS, LOU	
STREET ADDRESS	16742 PANTHER PAW COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHROOP, RUSSELL	
STREET ADDRESS	1304 LYNWOOD AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GILES, TOM	
STREET ADDRESS	3532 SE 17TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMPHREY, JIM	
STREET ADDRESS	3486 AVACADO DR	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beckwith, Samira K.	
1.3 STREET ADDRESS	9470 HealthPark Circle	
1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reeves, Jim Jr., M.D.	
2.3 STREET ADDRESS	3840 Broadway	
2.4 CITY-ST-ZIP	Fort Myers, FL 33908	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Giles, Tom	
5.3 STREET ADDRESS	1620 Cape Coral Pkwy., E.	
5.4 CITY-ST-ZIP	Cape Coral, FL 33904	
6.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Humphrey, Jim	
6.3 STREET ADDRESS	1625 Hendry St.	
6.4 CITY-ST-ZIP	Fort Myers, FL 33902	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2-11-98 941-482-4673

CR2E037 (10/97)

12.

OFFICERS AND DIRECTORS

TITLE: VD

NAME: Sullivan, Charles Rev.

STREET ADDRESS: 12171 Iona Rd.

CITY-ST-ZIP: Fort Myers, FL 33908

TITLE: SD

NAME: Sidell, Mary Kay

STREET ADDRESS: 8595 College Pkwy., Ste 65

CITY-ST-ZIP: Fort Myers, FL 33919

TITLE: D

NAME: Blagg, James D. Jr., PH.D.

STREET ADDRESS: 19501 Treeline Ave., S.

CITY-ST-ZIP: Fort Myers, FL 33965-6565

TITLE: D

NAME: Markham, Gail

STREET ADDRESS: 8961 Conference Dr.

CITY-ST-ZIP: Fort Myers, FL 33919

TITLE: D

NAME: Personette, Steve

STREET ADDRESS: 913 Southeast 27th St.

CITY-ST-ZIP: Cape Coral, FL 33904

TITLE: D

NAME: Whidden, Grover

STREET ADDRESS: 1926 Victoria Ave.

CITY-ST-ZIP: Fort Myers, FL 33901