

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

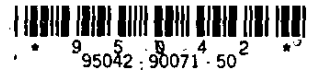
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759968

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/11/1981
		4. FEI Number 59-2128697
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKWITH, SAMIRA K. 9470 HEALTHPARK CIR 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE BECKWITH, SAMIRA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH, SAMIRA	1.2 NAME	
STREET ADDRESS	9470 HEALTHPARK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE REEVES, JIM JR. M.A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, JIM JR. M.A.	2.2 NAME	
STREET ADDRESS	3840 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE PONTIUS, LOU	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTIUS, LOU	3.2 NAME	
STREET ADDRESS	16742 PANTHER PAW COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE SCHROOP, RUSSELL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROOP, RUSSELL	4.2 NAME	
STREET ADDRESS	1304 LYNWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE GILES, TOM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, TOM	5.2 NAME	
STREET ADDRESS	1620 CAPE CORAL PKWY E	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE HUMPHREY, JIM	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JIM	6.2 NAME	
STREET ADDRESS	1625 HENDRY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33902	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Joseph Sample* 1-28-99 941-489-9163

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12. OFFICERS AND DIRECTORS

13. ADDITIC

TITLE: VD

NAME: Sullivan, Charles Rev.
STREET ADDRESS: 12171 Iona Rd.
CITY-ST-ZIP: Fort Myers, FL 33908

CHANGE

TITLE: CD
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

DELETE

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

CHANGE

TITLE: VD
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

CHANGE

TITLE: TD
NAME: Whidden, Grover
STREET ADDRESS: 1926 Victoria Ave.
CITY-ST-ZIP: Fort Myers, FL 33901

ADDITION

TITLE: D
NAME: Lampley, Jill
STREET ADDRESS: 9470 HealthPark Circle
CITY-ST-ZIP: Fort Myers, FL 33908