2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759968

Entity Name: HOPE OF SOUTHWEST FLORIDA, INC.

FILED Apr 02, 2004 Secretary of State

| Current Pri | incipal Place | of Business: | New Principal Place of Business: | | | |
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| 9470 HEALTHPARK CIR. FT MYERS, FL 33908 US | | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 9470 HEALTHPARK CIR. FT MYERS, FL 33908 US | | | | | | |
| FEI Number: 59-2128697 FEI Number Applied For () FEI Numbe | | | nber Not Appli | per Not Applicable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| BECKWITH, SAMIRA K. 9470 HEALTHPARK CIR FT. MYERS, FL 33908 US | | | | | | |
| 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 | | | | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITION | S/CHANGES | TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () [BECKWITH, SAN 9470 HEALTHPA FT. MYERS, FL | RK CIR | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | T () [TRIPPE, GARY PO BOX 60139 FORT MYERS, F | Delete L 33906 | Title: Name: Address: City-St-Zip: | VP (X LAMPLEY, JIL 9470 HEALTHI FORT MYERS | PARK CR | |
| Title: Name: Address: City-St-Zip: | D ()EROEPSTORFF, FINANCE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO | LAND AVE. | Title: Name: Address: City-St-Zip: | SCHESTAG, H | | |
| Title: Name: Address: City-St-Zip: | VP ()[LAMPLEY, JILL 9470 HEALTHPA FORT MYERS, F | | Title: Name: Address: City-St-Zip: | VC (X TRIPPE, GARY P O BOX 6013 FORT MYERS | 39 | |
| Title: Name: Address: City-St-Zip: | D ()E WHIDDEN, GRO 1813 LEE ST. FORT MYERS, F | | Title: Name: Address: City-St-Zip: | T (X ROEPSTORFF P O BOX 1819 SANIBEL, FL |) | |
| Title: Name: Address: City-St-Zip: | C ()[SMALLEY, RON PO BOX 280 FORT MYERS, F | Delete | Title: Name: Address: City-St-Zip: | S (X HUNT, JOHN I 1203 EVERES CAPE CORAL | iT | |

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: SAMIRA BECKWITH P 04/02/2004

WIGLEY, ROBERT DIRECTOR 800 SEXTANT DR #3 SANIBEL, FL 33957

TURBEVILLE, LARRY DIRECTOR P. O. BOX 60011 FORT MYERS, FL 33906

THOMSON JR., GEORGE DIRECTOR 3451 BONITA BAY BLVD #206 BONITA SPRINGS, FL 34134

IDELSON, CHARLES DIRECTOR 12800 UNIVERSITY DR. #125 FORT MYERS, FL 33907

GILES, THOMAS DIRECTOR 2503 DEL PRADO BLVD #200 CAPE CORAL, FL 33904

D'ALESSANDRO, FRANK DIRECTOR 7980 SUMMERLIN LAKES DR #201 FORT MYERS, FL 33907

ACKERT, RICHARD DIRECTOR 1530 HEITMAN ST FORT MYERS FL 33901

WIGLEY, ROBERT DIRECTOR 800 SEXTANT DR #3 SANIBEL, FL 33957

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