


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008056**

1. Entity Name  
**HIGH HOPES FOR CHILDREN, INC.**



Principal Place of Business  
**3910 NW 43RD ST  
COCONUT CREEK, FL 33073**

Mailing Address  
**3910 NW 43RD ST  
COCONUT CREEK, FL 33073**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**34-1979757**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRATZ, D. BRUCE  
C/O JECK HARRIS & JONES LLP  
1061 E INDIANTOWN ROAD SUITE 400  
JUPITER, FL 33477**

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

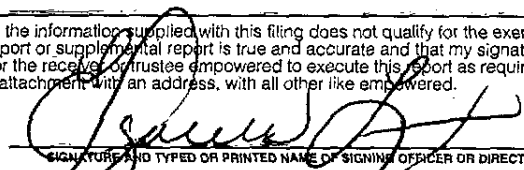
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUXON, ELIZABETH
STREET ADDRESS	3910 NW 43RD ST.
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	CODEY, CAREY
STREET ADDRESS	2601 10TH AVE., #201
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	PENDLEY, DEBRA T
STREET ADDRESS	4910 PARAMONT DR.
CITY-ST-ZIP	LOUISVILLE, KY 40258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000341144  
04/29/05-80004-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1-12-05** Daytime Phone #: **904-972-9925**