2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000004929

1. Entity Name FUND FOR H.O.P.E., INC.



FILED Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90010 004 ****61.25

Principal Place of Business	Mailing Address
1898 W HILLSBORO BLVD SUITE H	1898 W HILLSB
DEFREIFI D REACH, FL 33442	DEFREIELD BEA

1898 W HILLSBORO BLVD SUITE H DEERFIELD BEACH, FL 33442

	Place of Business - No P.O. Box #	3. Mailing Address								
4630 N. L	INIVERSITY DRIVE	4630 N. UNIVERSITY	DRIVE							
Suite. Apt. SUITE 45		Suite. Apt. #. etc. SUITE 452			02222008	Chg-NP	CR2EC	37 (12/06)		
City & State City & State				4. FEI Number			 	oplied For		
CORAL SPRINGS, FLORIDA CORAL SPRINGS, FLORIDA			20-0002002					ot Applicable		
Zip 33067	Country	33067	Country USA		_5. Certificate o	f Status Desire	ed □	\$8.75 Ad- Fee Regula		
33001	6. Name and Address of Current I		1 034		7. Name and a	Address of Ne	w Registered			
a. Italia ala rasioso di variali (raspoteta rigori										
	I, GARY ILLSBORO BLVD SUITE H .D BEACH, FL 33442		Street	Address (P.O. Box Number	is Not Accept	table)			
	1		City				FI	Zip Cod	le	
8. The above named entity submits this statement to 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 As a familiar with and accept the obligations of registered agent. II. Offic Peg James Agent agraduate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. District Peg James Agent agraduate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE As a familiar with a state of Florida. I am familiar with and accept the obligations of registered agent. District Peg James Agent agraduate registered agent.										
	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fina Trust Fund Contribution			\$5.00 May Be Make check payable to Florida Department of State						
10,	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFF	ICERS AND D	IRECTORS IN	f 10	
HIFLE	D	Delete	HILLE		IDENT			Change	Addition	
NAME Street address	KAUFMAN, GARY	F	NAME		MORGAN N. UNIVERSITY	NDIVE				
CITY-ST-AP	1898 W HILLSBORO BLVD SUITI DEERFIELD BEACH, FL 33442	- m	STREET ADDRESS CHY-ST-ZIP		L SPRINGS, FL		7			
HILE	D	Delete	IIILE	1		A A CONTRACTOR				
NAME	FINE, HOPE	DE DEREC	- NAME	,	<u>President</u> " Moss	-, ,		Change Change	Addition	
STREET ADDRESS	1898 W HILLSBORO BLVD SUITI	≣H	STREET ADDRESS		N. UNIVERSITY	DRIVE			- - .	
CHY-SI-ZIP	DEERFIELD BEACH, FL 33442		CHY-SI-⊿P		L SPRINGS, FL		,			
HILLE		☐ Detete	HILE		SURER			Change	Addition	
HAME			NAME		USSMAN	BB				
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS		N. UNIVERSITY L. SPRINGS, FL		,			
			CHY-SI-ZIP	00104	E SPRINGS, FE	OKIDA 33001				
HAME		Delete	HILE	SECRE				X Change	Addition	
STREET ADORESS	-		NAME	,	KAUFMAN . University dr	R/E				
CITY-S1-ZIP			STREET ADDRESS		. SPRING, FLORI					
	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	ļ <u>.</u>				<u> </u>	·	
HILLE NAME		Delete	111LE				_	☐ Change	Addition	
STREET ADDRESS			NAME CIPLLI MANDECC	1						
CITY-ST-ZIP			STREET ADDRESS CHY-SI-ZIP							
INLE		☐ Delete		 	·-·	· · · · · · · · · · · · · · · · · · ·				
HAME		L. Dekte	HILE NAME	1				☐ Change	Addition	
STREET ADDRESS	,		SIREEI ADDRESS	}						
CITY-S1-ZIP			CHY-SI-ZIP							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19. 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 of the receiver or trusted 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 attractment with an address, with all other like empowered.

2/22/208