

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N93000000902

Entity Name: HOPE COMMUNITY COVENANT CHURCH, INC.

**Current Principal Place of Business:**

CHRISTA MC AULIFFE MIDDLE SCHOOL  
6500 LE CHALET BLVD  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

BLACK, JAMES  
4781 N. CONGRESS AVE. #207  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number: 65-0413125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVER, STUART  
8059 ROSE MARIE AVE E  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DT      ( ) Delete  
Name: CLARKE, JOHN E  
Address: 11150 STONYBROOK LN  
City-St-Zip: BOYNTON BCH, FL 33437

Title: DC      ( ) Delete  
Name: OSTER, HAROLD A  
Address: 9879 SUN POINT DRIVE  
City-St-Zip: BOYNTON BEACH, FL

Title: DS      ( ) Delete  
Name: SMITH, WILLIAM  
Address: 150 WOODLAND ROAD  
City-St-Zip: PALM SPRINGS, FL 33461

Title: D      ( ) Delete  
Name: CROSBY, ANTHONY  
Address: 9394 LONG MEADOW CIR.  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN E. CLARKE

DT

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date