

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # 733309 (9)

1. Corporation Name

HOPE PROJECT OF DESOTO COUNTY, INC.



Principal Place of Business Mailing Address
23 NORTH POLK AVENUE 23 NORTH POLK AVENUE
PO-DRAWER 1820 PO-DRAWER 1820
ARCADIA FL 33821 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1975 3a. Date of Last Report 06/10/1996

4. FEI Number 59-1649417 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 23 N. POLK AVE. 26 23 N. POLK AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 ARCADIA, FL. 28 ARCADIA, FL.
Zip Country Zip Country
24 34266 25 USA 29 34622 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, DOUGLAS, G
218 N HERNANDO AVE
ARCADIA FL 33821

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *Douglas G. Fuller* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FULLER, DOUGLAS			1.2 NAME			
STREET ADDRESS	218 N HERNANDO AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ARCADIA, FL 00000			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAMBERG, JOHN			2.2 NAME			
STREET ADDRESS	RT 1 BOX 477(HOG BAY RD)			2.3 STREET ADDRESS			2346 PIGGY BACK ROAD
CITY-ST-ZIP	ARCADIA, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BONAGUA, MILDRED			3.2 NAME			DIRECTOR BARBARA SMITH
STREET ADDRESS	HWY C-661(1ST BUNKER RD)			3.3 STREET ADDRESS			2642 SW BEARD ST.
CITY-ST-ZIP	ARCADIA, FL 00000			3.4 CITY-ST-ZIP			ARCADIA, FL. 34266
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUAVE, CHARLES R.			4.2 NAME			
STREET ADDRESS	628 W HICKORY ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ARCADIA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CF2E037 (4/97)