2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002789

1. Entity Name
BASKET OF HOPE, INC.

Principal Place of Business	Mailing Address
3558 S. JEFFERSON ST LOUIS, MO	P.O. BOX 510860 ST LOUIS, MO 63151

DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1789081
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAGHAN, RUSHTON
402 NORTH 4TH STREET
JACKSONVILLE, FL 32250

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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 signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	O'NEAL, TOM
STREET ADDRESS	512 CLAYWORTH DR
CITY-ST-ZIP	BALLWIN, MO 63011
TITLE	VC
NAME	BRUNETTE, PAUL
STREET ADDRESS	2801 BUCKHELD CT
CITY-ST-ZIP	ST LOUIS, MO 63129
TITLE	D
NAME	SEARS, MARK
STREET ADDRESS	24 ROCK WIND CT
CITY-ST-ZIP	O'FALLON, MO 63366
TITLE	D
NAME	MORAN, MARCI
STREET ADDRESS	ONE CITY PLACE DR., STE 510
CITY-ST-ZIP	ST LOUIS, MO 63141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80012-012 61.25

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12. I 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 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: X [signature] X 4-28-04 314-249-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #