SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004210 (7)

CHILDRENS NEW HOPE FOUNDATION INC.

Mailing Address

FILED Sep 17 1998 8:00am Secretary of State

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LIBBY, CLINTON L 4066 FCNAS AVENUE STE 15 FORT MYERS FL 33901 82 Street Address (P.O. Box Number is Not Adoptable) 4066 FCNAS AVENUE STE 15 FORT MYERS FL 33901 84 City ft. Myess FL 85 Zip Code 3.39065 85 Street Address (P.O. Box Number is Not Adoptable) 4066 FCNAS AVENUE STE 15 FORT MYERS FL 33901 86 City ft. Myess FL 85 Zip Code 3.39065 87 Zip Code 3.39065 88 City ft. Myess FL 85 Zip Code 3.39065 89 Zip Code 3.39065 80 City ft. Myess FL 85 Zip Code 3.39065 80 City ft. Myess FL 85 Zip Code 3.39065 80 City ft. Myess FL 85 Zip Code 3.39065 80 City ft. Myess FL 85 Zip Code 3.39065 80 City ft. Myess FL 93900 PAIR FL 85 Zip Code 3.39065 80 City ft. Myess FL 939000 PAIR FL 85 Zip Code 3.39065 PAIR FL 95 Zip Code 3.39065 PAIR FL 96 Zip Code 3.39065	 			81 Name	Lecter C. Libby				
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Office or registative agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registative gent. I am familiar with, and accept the obligations of, section 617-6503, Floride Statutes. SIGNATURE Bignature, type of presend name of registative deposition of registative gent and of the # applicable. (NOTE Registative gent deposition for registative gent and of the # applicable. (NOTE Registative gent deposition for registative gent and of the # applicable. (NOTE Registative gent deposition for registative gent and of registative gent and of registative gent and registative.) DATE 1. TITLE REGIE, CINDY 1. TITLE REGIE, CINDY 1. TITLE NAME 1. STREET ADDRESS 1. TITLE NAME 1. STREET ADDRESS 2. SOLY CENTER Rd. 1. STREET ADDRESS 2. SOLY BILLY CREEK DR. 2. NAME 2									
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 176.07(3)(f). Florida Statutes. I further certify that the information	CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-2IP	Ft. MYCRS, Fl. 3390	5			
	14. I hereby or	ertify that the information supplied with the	nis filing does not qualify for the	exemption stated i	n section 199.07(3)(if, Florida Statutes. I fo	irther certify that th	ne Information		

indicated on this annual report or supplied with this filling does not quality for the exemption section (1950) (7), Profes Statutes: Turcher certify that it indicated on this annual 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE LESTER COLLEGE LASTER C. Libbu

9/03/98 941-6

941-694-526 Dayling Phone #