

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



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

FILED  
Sep 17 1998 8:00am  
Secretary of State

DOCUMENT # F97000004210 (7)

1. Corporation Name

CHILDRENS NEW HOPE FOUNDATION INC.

Principal Place of Business

Mailing Address

4066 EVAND AVENUE STE 15  
FORT MYERS FL 33901

4066 EVAND AVENUE STE 15  
FORT MYERS FL 33901



3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

☒ 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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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 5027 Billy's Creek DR.

26 5027 Billy's Creek DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

Zip

Country

Zip

Country

24 33905

25 Lee

29 33905

30 Lee

9. Name and Address of Current Registered Agent

LIBBY, CLINTON L  
4066 EVANS AVENUE STE 15  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Lester C. Libby  
82 Street Address (P.O. Box Number is Not Acceptable)  
5027 Billy's Creek DR.  
83  
84 City Ft. Myers FL 85 Zip Code 33905

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 Lester C. Libby

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	RIEGE, CINDY	11442 SUMMERWIND CT	FORT MYERS FL	<input checked="" type="checkbox"/>
V	BRYANT, DRENA	233 OHIO AVENUE	FORT MYERS FL	<input checked="" type="checkbox"/>
S	SCOTT, KEVIN	312 NW 29TH ST	CAPE CORAL FL	<input checked="" type="checkbox"/>
CTD	LIBBY, LESTER C	5027 BILLY'S CREEK	FORT MYERS FL	<input checked="" type="checkbox"/>
VD	LUCKFELT, WILLIAM	11110 CARAVEL CIRCLE #303	FORT MYERS FL	<input checked="" type="checkbox"/>
D	BLAZE, JENNIFER	5400 8TH STREET	FORT MYERS FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	DAVID HAIRE	504 Center Rd.	Ft. Myers, FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	Lester C. Libby	5027 Billy's Creek DR	Ft. Myers, FL 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	DAVID HAIRE	504 Center Rd.	Ft. Myers, FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CTD	Hakan Azaklioglu	2705 SW 15th PL	Cape Coral, FL 33914	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Lester C. Libby	5027 Billy's Creek DR	Ft. Myers, FL 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Dorothy V. Libby	5027 Billy's Creek DR	Ft. Myers, FL 33905	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 199.07(3)(f), Florida Statutes. I further certify that the information 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lester C. Libby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/03/98 941-694-5268  
Date Daytime Phone #

CR2E037 (5/98)