SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F98000005625

Country

1. Corporation Name

HOPE CHARITIES CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zin

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

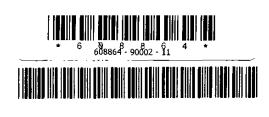
28

607 S. ALEXANDER ST. SUITE 203 PLANT CITY FL 33566

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FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90002 011 ****61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/08/1998

52-2121293

4. FEI Number

24	25	29 30	ดิ			Trust Fund Contribution		Added to	Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				Nam	18				
AULT, CHARLES				Stene	ot Addroso	(P.O. Box Number is Not A	ccentable)		
				Sue	er vaniess	(F.O. DOX NUMBER IS NOT A	oceptable/		
5443 BERNADETTE DR									
ZEPHYRHILLS FL 33541									
			84	City			FL	85 Zip C	
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		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					DATE		\
	Signature, typed or printed name of registered agent a		13.	t signatui	re required wh	ADDITIONS/CHANGES T		n DIRECTO	RS IN 12
12,	OFFICERS AND	DIRECTORS	1.1 TITLE		F	ADDITIONS/DITARGES (OITIOERO AIT	☐ Change	Addition
TITLE	C COODNE DAVID								
NAME	OSBORNE, DAVID		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS		SS				}
CITY-ST-ZIP				1.4 CITY-ST-ZIP					- Addition
TITLE	D	☐ DELETE	2.1 TITLE		Į			Change	☐ Addition
NAME	CARVER, JOYCE		2.2 NAME		ŀ				
STREET ADDRESS	38105 13TH AVE		2.3 STREET	ADDRES	ss				
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		2, 4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	3,1 TITLE					Change	☐ Addition \
NAME	AULT, CHARLES		3,2 NAME						
STREET ADDRESS	5443 BERNADETTE DR		3.3 STREET	ADDRES	ss				
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		3.4. CITY- 5	T- ZIP					
TITLE		☐ DELETE	4.1 TITLE		_			☐ Change	☐ Addition
NAME			4, 2 NAME		-				1
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CITY-ST-ZIP			4.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE			<u> </u>		☐ Change	☐ Addition
NAME			5.2 NAME						Ì
STREET ADORESS			5.3 STREET	ADDRES	ss				1
CITY-ST-ZIP			5.4 CITY-\$1	r-zip	ļ				
TITLE		☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			6.2 NAME						{
STREET ADDRESS			6,3 STREET	ADDRES	ss				ĺ
			6,4 CITY-ST	T-ZNP	- {				}
CITY-ST-ZIP					tod in Cont	ion 110 07/3Vi) Florida Sta	tutos I fuetbor coe	if, that the is	oformation.

Country

anny for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information decurate and that my signature shall have the same legal effect as if made under oath; that I am an set to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with all other like empowered. indicated on this armyal report or supplemental officer or director of the corporation or the received Block 12 or Block 13 if changed

SIGNATURE

813-763-3126