

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90017 026 \*\*\*\*61.25

**DOCUMENT # N00000001822**  
 1. Entity Name  
 HISTORY, HERITAGE AND HOPE FOUNDATION, INC.



Principal Place of Business: 55 5TH ST. S. ST. PETERSBURG, FL 33701  
 Mailing Address: 55 5TH ST. S. ST. PETERSBURG, FL 33701

54037725



**DO NOT WRITE IN THIS SPACE**

01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3643874  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVE., STE. 3000  
 MIAMI, FL 33131

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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	D
NAME	LOEBENBERG, WALTER
STREET ADDRESS	7834 9TH AVE. S.
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	D
NAME	MARTIN, PAUL
STREET ADDRESS	P.O. BOX 31963
CITY-ST-ZIP	KNOXVILLE, TN 379301963
TITLE	D
NAME	EPSTEIN, AMY
STREET ADDRESS	9005 BAYWOOD PARK DR.
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karen Subrail  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_