

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001822

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HISTORY, HERITAGE AND HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

55 5TH ST. S.  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

55 5TH ST. S.  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3643874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BASS, CAROLYN  
55 5TH STREET SOUTH  
ST. PETERSBURG, FL 33701      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOEBENBERG, WALTER  
Address: 7834 9TH AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DT ( ) Delete  
Name: MIZRAHI, RALPH  
Address: 7011 MANGO AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D ( ) Delete  
Name: ALLWEISS, ALLEN ESQ  
Address: 28 PARADISE LN  
City-St-Zip: TREASURE ISLAND, FL 337061129

Title: P (X) Delete  
Name: KOKOL, ROBERT  
Address: C/O RAYMOND JAMES CO. 880 GARILLION WAY  
City-St-Zip: SAINT PETERSBURG, FL 33716

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCHICK, LISL  
Address: 7791 BENT GRASS COURT  
City-St-Zip: LARGO, FL 33777

Title: D (X) Change ( ) Addition  
Name: EPSTEIN, AMY  
Address: 9040 WATER ASH LANE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER LOEBENBERG

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date