

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 002 *****70.00

DOCUMENT # N00000002632

1. Entity Name

LOVE AND HOPE FOUNDATION INC



Principal Place of Business

Mailing Address

P.O. BOX 260722
TAMPA FL 33685-0722

P.O. BOX 260722
TAMPA FL 33685-0722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970442

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JAZMIN J
3511 WILLOW TREE DR
APT 101
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME RODRIGUEZ, JAZMIN J
STREET ADDRESS 3511 WILLOW TREE DR
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☒ Change ☐ Addition
NAME JAZMIN J. RODRIGUEZ
STREET ADDRESS 3511 WILLOW TREE DR
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME DURAN, MANUEL
STREET ADDRESS 10641 WAYBRIDGE DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME PHILLIPS, CARMEN C
STREET ADDRESS 2874 MEADOWWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ Change ☒ Addition
NAME RAMON MARTINEZ
STREET ADDRESS 6407 AMUNDSON ST
CITY-ST-ZIP TAMPA FL 33634

TITLE TRES ☐ Delete
NAME MUREJAN, TONY
STREET ADDRESS P O BOX 1110
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☒ Change ☐ Addition
NAME MOREJON TONY
STREET ADDRESS P.O. BOX 1110
CITY-ST-ZIP TAMPA FL 33601

TITLE D ☒ Delete
NAME AVILA, GLORIA
STREET ADDRESS 3911 W. WATERS AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE TRES ☐ Change ☒ Addition
NAME LYDIA MEDRANO
STREET ADDRESS 1205 E. 8TH ST
CITY-ST-ZIP TAMPA FL 33605

TITLE VS ☐ Delete
NAME MARTINEZ, LUIS R
STREET ADDRESS 10420 HIGHLAND MANOR DR
CITY-ST-ZIP TAMPA FL 33610

TITLE C ☒ Change ☐ Addition
NAME LUIS MARTINEZ
STREET ADDRESS 10420 HIGHLAND MANOR DR
CITY-ST-ZIP TAMPA FL 33610

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON MARTINEZ

4/30/04

Date

813-817-6455

Daytime Phone #