

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 044 ****83.75

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1. Entity Name

LOVE AND HOPE FOUNDATION INC



Principal Place of Business
P.O. BOX 260722
TAMPA FL 33685-0722

Mailing Address
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

1st MOORE

CR2E037 (10/04)

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

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

7. Name and Address of New Registered Agent

Name **RAMON MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)
6407 AMUNDSON ST

City **Tampa**

FL

Zip Code
33634

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, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JAZMIN J	
STREET ADDRESS	3511 WILLOW TREE DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURAN, MANUEL	
STREET ADDRESS	10641 WAYBRIDGE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAMON	
STREET ADDRESS	6407 AMUNDSON ST	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUREJAN, TONY	
STREET ADDRESS	P O BOX 1110	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	MEDRANO, LYDIA	
STREET ADDRESS	1205 E 8TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	C	<input type="checkbox"/> Delete
NAME	MARTINEZ, LUIS	
STREET ADDRESS	10420 HIGHLAND MANOR DR	
CITY-ST-ZIP	TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **RAMON MARTINEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

Date

813/817-6455

Daytime Phone #