


# 2008 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000007497</b>	
1. Entity Name HOPE FUND: FOR CHILDREN OF BETHUNE PARK, WIMAUMA, INC.	

Principal Place of Business 1501 LA JOLLA AVENUE SUN CITY CENTER, FL 33573	Mailing Address 1501 LA JOLLA AVENUE SUN CITY CENTER, FL 33573
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04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3699647</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MILES, CARLA M  
1501 LA JOLLA AVENUE  
SUN CITY CENTER, FL 33573

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000907792 05/06/08-80002-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILES, CARLA 2105 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PLISKA, MARGARET 720 PLUMBROOK DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CASTIGLIA, MARJORIE 2314 DEL WEBB BLVD., E. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GANSKIRT, PATRICIA 2217 DEL WEBB BLVD W SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Marjorie Castiglia* **MARJORIE CASTIGLIA** *04/18/08* *813633 6253*  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #