

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007497

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HOPE FUND: FOR CHILDREN OF BETHUNE PARK, WIMAUMA, INC.

**Current Principal Place of Business:**

1501 LA JOLLA AVENUE  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

1501 LA JOLLA AVENUE  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

FEI Number: 59-3699647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILES, CARLA M  
1501 LA JOLLA AVENUE  
SUN CITY CENTER, FL 33573 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: PD ( ) Delete  
Name: MILES, CARLA  
Address: 2105 NEW BEDFORD DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD ( ) Delete  
Name: PLISKA, MARGARET  
Address: 720 PLUMBROOK DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete  
Name: CASTIGLIA, MARJORIE  
Address: 2314 DEL WEBB BLVD., E.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD ( ) Delete  
Name: GANSHIRT, PATRICIA  
Address: 2217 DEL WEBB BLVD W  
City-St-Zip: SUN CITY CENTER, FL 33573

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

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

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

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

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: MARJORIE CASTIGLIA

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date