

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000842

1. Entity Name
PROJECT H.O.P.E. INC.



Principal Place of Business
**4545 38TH AVE
VERO BEACH, FL 32967**

Mailing Address
**4545 38TH AVE
VERO BEACH, FL 32967**



02052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURSON, HALLICURTIS W
4545 38TH AVE
VERO BEACH, FL 32967**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD BURSON, HENRY JR. 4545 38TH AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEARSON, DAVID 235 COCONUT PALM RD. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, CALMAN 2410 7TH COURT S.W. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STETLER, LARRY 6155 S MIRROR LAKE DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACOB HART, DENNY 4260 47TH PLACE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, EULA 1008 E. 16TH COURT STUART, FL 34996

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02/16/04-80066-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2-11-04