

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90311 013 ****70.00

DOCUMENT # N01000001161

1. Entity Name

MELISSA'S HOPE FOUNDATION, INC.



Principal Place of Business

**8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018**

Mailing Address

**8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-1119817

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

Name

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

City

FL

Zip Code

**LOPEZ, MARLENE
8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018**

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

TITLE ☒ Delete
NAME **LOPEZ, MICHELLE**
STREET ADDRESS **8955 NW 112TH TERR.**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
NAME **LOPEZ, LAZARO**
STREET ADDRESS **8955 NW 112TH TERR.**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
NAME **RIOL, MARIA**
STREET ADDRESS **365 W. 50TH ST.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME **LOPEZ, MARLENE**
STREET ADDRESS **8955 NW 112 TERRACE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME **CLAIJO, FRANK**
STREET ADDRESS **8804 NW 109 TERRACE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME **COLLODO, JESSICA**
STREET ADDRESS **8804 NW 109 TERRACE**
CITY-ST-ZIP **HIALEAH FL 33018**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **S Odalys Clavijo**
STREET ADDRESS **8804 N.W. 109 Terrace**
CITY-ST-ZIP **Hialeah Gardens, FL 33018**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Hialeah Gardens, FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Hialeah Gardens, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **Francisco Clavijo**
STREET ADDRESS **8804 N.W. 109 Terrace**
CITY-ST-ZIP **Hialeah Gardens, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **Jessica Gomez**
STREET ADDRESS **8804 N.W. 109 Terrace**
CITY-ST-ZIP **Hialeah Gardens, FL 33018**

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

4/13/04

Date

Daytime Phone #