


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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 005 ****61.25

DOCUMENT # N01000001633 1. Entity Name A WORLD OF HOPE, INC.			
Principal Place of Business 1039 PROVIDENCE LANE OVIEDO FL 32765		Mailing Address PO BOX 9620966 OVIEDO FL 32762	
2. Principal Place of Business 725-S. Northlake BLVD #77 Suite, Apt. #, etc. #77		3. Mailing Address Same as Suite, Apt. #, etc. Place of Business	
City & State Alt. Spr., FL 32701		City & State Place of Business	
Zip 32701		Country USA	
4. FEI Number 65-1084388		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, PEGGI A 1039 PROVIDENCE LANE OVIEDO FL 32765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD SMITH, PEGGI 1039 PROVIDENCE LANE OVIEDO FL 32765	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST JACKSON, PEGGY 1576 KNOTTINGHILL CT OVIEDO FL 32765	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCAFFEE, KAY 739 HORSESHOE FALL DRIVE ORLANDO FL 32828	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RN HEDRICK, LISA 935ARDILLITA COURT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/04)

725-S. Northlake BLVD #77
Altamonte Springs, FL 32701

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

4/28/05
Date

407-739-5999
Daytime Phone #