## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000004790

Entity Name: HOPE EDUCATIONAL FOUNDATION, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:			New P	New Principal Place of Business:			
	OTH STREET BEACH, FL 33	30699902					
Current Mailing Address:			New IV	New Mailing Address:			
	OTH STREET BEACH, FL 33	30699902					
FEI Number:	65-1143489	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired (X)	)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BAUGHMAN, MARILYN 3111 SW 10TH STREET POMPANO BEACH, FL 330699902			3111 8	BROUSSARD, ARNOLD A 3111 SW 10TH STREET POMPANO BEACH, FL 330699902			
The above in the State		bmits this statement for the pur	rpose of chang	ing its registered	d office or registered agent, or b	oth,	
SIGNATUR	E: ARNOLD A	A. BROUSSARD			05/01/2003		
	Electronic	Signature of Registered Agent	t		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BAUGHMAN, MAI 3111 SW 10TH S		Title: Name: Address City-St-2	:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BERKEY, DALE 3111 SW 10TH S	Delete TREET H, FL 330699902	Title: Name: Address City-St-2	:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PINTO, AUGUSTI 3111 SW 10TH S		Title: Name: Address City-St-2	:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	HODGSON, JOHN 3111 SW 10TH S		Title: Name: Address City-St-2	:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	HOSKINS, BOBB 3111 SW 10TH S		Title: Name: Address City-St-2	HOSKINS, Bo			
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address City-St-2	HOSKINS, G : 3111 SW 1	( ) Change (X) Addition EORGE 0TH STREET BEACH, FL 330699902		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE HOSKINS S 05/01/2003