


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006772		
1. Entity Name THE HOPE FOUNDATION, INC.		

Principal Place of Business 1132 HWY 395 NORTH SANTA ROSA BCH, FL 32459	Mailing Address PO BOX 2061 SANTA ROSA BCH, FL 32459
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

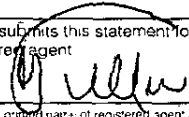
6. Name and Address of Current Registered Agent

FULLER, RANDALL K
1132 HWY 395 NORTH
SANTA ROSA BCH, FL 32459

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

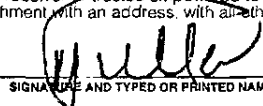
TITLE	D
NAME	FULLER, RANDALL K
STREET ADDRESS	1132 HWY 395 N
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	FULLER, TERRY
STREET ADDRESS	1132 HWY 395 N
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	FULLER, WILLIAM R
STREET ADDRESS	1694 PINE RIDGE DR
CITY-ST-ZIP	ATLANTA, GA 30324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000213501
02/03/05-80074-017 70.00

**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)(f) 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 #