


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90245 021 ****70.00

DOCUMENT # N01000008792	
1. Entity Name HAMMESFAHR FOUNDATION OF HOPE, INC.	

Principal Place of Business 600 DRUID RD E CLEARWATER, FL 33756-3912	Mailing Address 600 DRUID RD E CLEARWATER, FL 33756-3912
--	--

14066000



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3761467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMMESFAHR, WILLIAM M MD 600 DRUID RD E CLEARWATER, FL 33756-3912

**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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMESFAHR, WILLIAM M MD 600 DRUID RD E CLEARWATER, FL 337563912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMESFAHR, GINA 600 DRUID RD E CLEARWATER, FL 337563912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, BRUCE 600 DRUID RD E CLEARWATER, FL 337563912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Wm. Press Hammesfahr* **4/26/04** **727-461-4464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #