

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002619

Entity Name: THE HOPE GROUP, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

2209 S.W. OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

New Principal Place of Business:

145 CAMINO DEL RIO
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2209 S.W. OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

New Mailing Address:

145 CAMINO DEL RIO
PORT SAINT LUCIE, FL 34992

FEI Number: 04-3643465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, GEORGE R JR.
2209 S.W. OLYMPIC CLUB TERRACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

BURSTER, STEPHANIE A
145 CAMINO DEL RIO
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: STEPHANIE BURSTER

04/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HUGHES, GEORGE R JR
Address: 2209 SW OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: COLE, STEPHANIE
Address: 3559 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: HOFFMAN, RONALD
Address: 262 SW CHRISTMAS TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD (X) Delete
Name: BURSEER, STEPHANIE
Address: 145 CAMINO DEL RIO
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BURSTER, STEPHANIE A
Address: 145 CAMINO DEL RIO
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change () Addition
Name: COLE, STEPHANIE
Address: 2209 SW OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: DS (X) Change () Addition
Name: HUGHES, GEORGE R JR.
Address: 2209 SW OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE BURSTER

TD

04/07/2005

Electronic Signature of Signing Officer or Director

Date