2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002619

1. Entity Name
THE HOPE GROUP, INC.

Principal Place of Business	Mailing Address
145 CAMINO DEL RIO PORT SAINT LUCIE, FL 34952	145 CAMINO DEL RIO PORT SAINT LUCIE, FL 34992

DO NOT WRITE IN THIS SPACE

03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
04-3643465
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BURSTER, STEPHANIE A
STREET ADDRESS	145 CAMINO DEL RIO
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	COLE, STEPHANIE
STREET ADDRESS	2209 SW OLYMPIC CLUB TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DS
NAME	HUGHES, GEORGE R JR.
STREET ADDRESS	2209 SW OLYMPIC CLUB TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80062-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephanie Burster 3/22/06 772-343-8067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #