


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90024 008 \*\*\*\*61.25

<b>DOCUMENT # N02000003125</b> 1. Entity Name THE H.O.P.E. PROJECT FOUNDATION, INC.			
Principal Place of Business <b>5 HARVARD CIRCLE #110</b> <b>WEST PALM BEACH, FL 33409</b>		Mailing Address <b>5 HARVARD CIRCLE #110</b> <b>WEST PALM BEACH, FL 33409</b>	
2. Principal Place of Business <b>621 Clearwater Park Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>621 Clearwater Park Rd.</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach</b>		City & State <b>WPB</b>	
Zip <b>33401</b>		Zip <b>33401</b>	
Country		Country	
4. FEI Number <b>02-0605222</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOMATYRITZ, MARYANNE</b> <b>5 HARVARD CIRCLE STE 110</b> <b>WEST PALM BEACH, FL 33469</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>621 Clearwater Park Rd.</b> City <b>WPB</b> FL Zip Code <b>33401</b>	
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 <u>Maryanne Bohatyritz</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BONE, MELANIE K MD</b> <b>5 HARVARD CIRCLE #110</b> <b>WEST PALM BEACH, FL 33409</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>621 Clearwater Park Rd.</b> <b>33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LONDON, MARK</b> <b>5 HARVARD CIRCLE #110</b> <b>WEST PALM BEACH, FL 33409</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>621 Clearwater Park Rd.</b> <b>33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HADLEY, HOLLY MD</b> <b>5 HARVARD CIRCLE #110</b> <b>WEST PALM BEACH, FL 33409</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>621 Clearwater Park Rd.</b> <b>33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Maryanne Bohatyritz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/24/04</u> Daytime Phone # <u>561-659-4278</u>	

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