

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003125

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: THE H.O.P.E. PROJECT FOUNDATION, INC.

## Current Principal Place of Business:

621 CLEARWATER PARK RD.  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

621 CLEARWATER PARK RD.  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 02-0605222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOMATYRITZ, MARYANNE  
621 CLEARWATER PARK RD.  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

BOHATYRITZ, MARYANNE  
621 CLEARWATER PARK RD.  
WEST PALM BEACH, FL 33401 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: MARYANNE BOHATYRITZ

03/22/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BONE, MELANIE K MD  
Address: 621 CLEARWATER PARK RD.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: LONDON, MARK  
Address: 621 CLEARWATER PARK RD.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: HADLEY, HOLLY MD  
Address: 621 CLEARWATER PARK RD.  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LONDON, MARK  
Address: 3731 MYKONOS CT  
City-St-Zip: BOCA RATON, FL 33487

Title: STD (X) Change ( ) Addition  
Name: AKDENIZ, ROBIN  
Address: 133 MIRAMAR  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D (X) Change ( ) Addition  
Name: BOHATYRITZ, MARYANNE  
Address: 621 CLEARWATER PARK ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARYANNE BOHATYRITZ

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date