

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90066 001 ****70.00
07-23-2004 90066 002 ****8.75

DOCUMENT # N02000004204

1. Entity Name
WOMEN OF HOPE, INC.



Principal Place of Business
4501 N 42ND ST
TAMPA, FL 33610

Mailing Address
P.O. BOX 310306
TAMPA, FL 34689

66430526



2. Principal Place of Business

3. Mailing Address
P.O. Box 310306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06212004 Chg-NP CR2E037 (10/03)

City & State

City & State
Tampa, FL

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip
33680

Country
Hills.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCO, LESLIE D.
1410 STONECREEK DR
TARPON SPRINGS, FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BAKER, JANICE
6209 N 22ND ST
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, DIANE
4107 GREAT OAKS CT #32
TAMPA, FL 33610 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Waytonia Washington
121 South Dakota Ave
Tampa FL 33606 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PASCO, LESLIE
1410 STONE CREEK DR
TARPON SPRINGS, FL 33689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Leslie Darlene Pasco LESLIE Darlene Pasco

7-10-04

727 942-9820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

66430526
#N02000004204

July 15, 2004

To whom it may concern:
Florida Department of State

: Tyrone Scott (Document
Specialist)

Would you please send
Certification for Document # -
N960000003475. Please send it
to

There is Hope in Jesus Out-
Reach Center Inc.

P.O. Box 310306

Tampa, FL 33680-0306

Thank you,
Fesha D. Rasco
(Secretary/T.D.)