

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000005784

1. Entity Name
HOPE VALLEY FOUNDATION, INC.



Principal Place of Business
**3748 NW 21ST STREET
FT. LAUDERDALE, FL 33311**

Mailing Address
**3748 NW 21ST STREET
FT. LAUDERDALE, FL 33311**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3861435** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCKNOR & COMPANY, P.A.
5630 NW 21 STREET
FT LAUDERDALE, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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	PD
NAME	BUCKNOR, DAVID
STREET ADDRESS	7828 NW 71 WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	TD
NAME	BUCKNOR, LARUE
STREET ADDRESS	5630 NW 21 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33313
TITLE	SD
NAME	BUCKNOR, VANLEY
STREET ADDRESS	8803 COUNTRY OAK DRIVE
CITY-ST-ZIP	ODENTON, MD 21113
TITLE	VD
NAME	BUCKNOR, CHARES
STREET ADDRESS	11844 BRIGHT PASSAGE
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	D
NAME	BUCKNOR, ORAL
STREET ADDRESS	10370 NW 24 STREET
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/06-80021-020 61.25

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IN THIS SPACE**

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:

David Bucknor **DAVID BUCKNOR** 3-6-06 802-9183 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #