


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM

2002 Secretary of State

549000

DOCUMENT # N02000006608 1. Entity Name GABLES HOPE, INC.	
--	---

Principal Place of Business 950 UNIVERSITY DRIVE CORAL GABLES, FL 33134	Mailing Address 950 UNIVERSITY DRIVE CORAL GABLES, FL 33134
---	---

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PETERSON, WADE C ESQ 234 NORTH KROME AVENUE HOMESTEAD, FL 33030	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	00000043081 02/10/04-80051-011 61.25
---	--	-----------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SAUNDERS, SR., G. MICHAEL 936 BIRD RD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR INGLE, SARAH 2641 SW 30 COURT MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JONES, RUSSELL 13860 SW 148 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TEJEDA, JUAN 13294-4 SW 112 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *G. Michael Saunders Sr.* G. Michael SAUNDERS SR. 1/28/04 305-444-8425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #