

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90226 008 ****61.25

DOCUMENT # N02000006707

1. Entity Name

DOYLEY'S PRESENT HOPE, INC.



Principal Place of Business

1801 NW 129TH TERRACE
MIAMI FL 33167

Mailing Address

1801 NW 129TH TERRACE
MIAMI FL 33167

2. Principal Place of Business

1801 N.W. 129 Terrace

Suite, Apt. #, etc.

Miami Florida

City & State

Zip 33167

Country

AMERICA

3. Mailing Address

2739 S.W. 131 Terrace

Suite, Apt. #, etc.

MIRAMAR

City & State

Florida

Zip

33027

Country

AMERICA



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMMS GERMAN, E. DOYLEY
1801 NW 129TH TERRACE
MIAMI FL 33167

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SAMMS GERMAN, E. DOYLEY	
STREET ADDRESS	1801 NW 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SAMMS, GAVIN A	
STREET ADDRESS	1801 NW 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SAMMS, GARRY A	
STREET ADDRESS	1801 NW 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

E. Doyley Samms-German

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/05 9544337671