

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90332 050 \*\*\*\*61.25

**DOCUMENT # N02000006722**

1. Entity Name

BRIDGE OF HOPE OUTREACH INCORPORATED



Principal Place of Business

1900 SIPES AVENUE  
SANFORD FL 32771

Mailing Address

1900 SIPES AVENUE  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STALLWORTH, SHARON  
1900 SIPES AVENUE  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

61-1467166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 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

TITLE PD  
NAME STALLWORTH, SHARON  
STREET ADDRESS 1900 SIPES AVENUE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE VPD  
NAME GRAMLIN, CHARLES  
STREET ADDRESS 2008 SIPES AVENUE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE VPD  
NAME GRAMLIN, MAUDE  
STREET ADDRESS 2008 SIPES AVENUE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE  
NAME GRAMLIN, WANDA  
STREET ADDRESS 170 COUNTRY CLUB CIRCLE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE S  
NAME ROBINSON, GAIL  
STREET ADDRESS 6349 HUNT ROAD  
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 31, 2004

Date

Daytime Phone #