

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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**



03122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1467166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STALLWORTH, SHARON
1900 SIPES AVENUE
SANFORD, FL 32771**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000632032
04/13/07-80035-013 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #