FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007620

1. Entity Name
HEART OF HOPE FOUNDATION, INC.

Principal Place of Business
3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021

Mailing Address
3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021

04212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 90-0107107 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TIEDEMANN, CARLENE
3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10 OFFICERS AND DIRECTORS

TITLE	D
NAME	TIEDEMANN, CARLENE
STREET ADDRESS	3389 SHERIDAN STREET, # 455
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	TIEDEMANN, HERBERT
STREET ADDRESS	3389 SHERIDAN STREET, # 455
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ROGERO, TERESA
STREET ADDRESS	3389 SHERIDAN STREET, # 455
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80100-005 61.25

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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: Carlene M. Tiedemann 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #