

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

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



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0107107	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

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

**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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIEDEMANN, CARLENE 3389 SHERIDAN STREET, # 455 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIEDEMANN, HERBERT 3389 SHERIDAN STREET, # 455 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERO, TERESA 3389 SHERIDAN STREET, # 455 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000561680
05/19/06-80025-005 61.25

**DO NOT WRITE
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 another like empowered.

SIGNATURE: *Carlene Tiedemann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2006 *305-525-0054*
Date Daytime Phone #