

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008056**

1. Entity Name  
**HIGH HOPES FOR CHILDREN, INC.**



Principal Place of Business  
**3910 NW 43RD ST  
COCONUT CREEK, FL 33073**

Mailing Address  
**3910 NW 43RD ST  
COCONUT CREEK, FL 33073**



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1979757**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRATZ, D. BRUCE  
C/O JECK HARRIS & JONES LLP  
1061 E INDIANTOWN ROAD SUITE 400  
JUPITER, FL 33477**

**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's 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LUXON, ELIZABETH  
3910 NW 43RD ST.  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CODEY, CAREY  
2601 10TH AVE., #201  
LAKE WORTH, FL 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PENDLEY, DEBRA T  
4910 PARAMONT DR.  
LOUISVILLE, KY 40258**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000341144  
04/29/05-80004-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1-12-05 904-992-9925