

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90219 030 ****61.25

DOCUMENT # N04000006962

1. Entity Name
HOPE COMMUNITY CHARACTER CENTER, INC.



Principal Place of Business
**4400 NW 43 TER
TAMARAC, FL 33319**

Mailing Address
**4400 NW 43 TER
TAMARAC, FL 33319**

14007780



2. Principal Place of Business

3. Mailing Address

P.O. Box 100797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242005 Chg-NP CR2E037 (10/03)

City & State

City & State

Ft LAUDERDALE FL

4. FEI Number

84165 3585

Applied For

Not Applicable

Zip

Country

Zip

33310

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARQUHARSON, ALFRED
4400 NW 43 TER
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT
NOEL N. MORRIS
4771 N.W. 18 COURT
LAUDERHILL FLORIDA 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**VICE PRESIDENT
ALFRED FARQUHARSON
4400 N.W. 43 TER
TAMARAC FLORIDA 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**TREASURER-SECRETARY
HUGH D'OLEY
1631 N.W. 54 TER
LAUDERHILL FLORIDA 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**ASSISTANT TREASURER-SEC.
KIRK DOUGLAS
151 S.W. 91 ST.
PLANTATION FLORIDA 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: **Noel N. Morris** **NOEL N. MORRIS** **4-22-2005** **954-739-6346**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #