2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT # N0400006962 1. Entity Name HOPE COMMUNITY CHARACTER CENTER, INC.					05-01-2006 90310 039 ****61.25				
4400 NW 43 TER P 0		Mailing Address P O BOX 100797 FORT LAUDERDALE, FL							
Principal Place of Business 3. N		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122006 _C	hg-NP	CR2E03	37 (11/05)	
City & State		City & State			4. FEI Number 84-165358	35		نساست	oplied For
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	litional
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New R	egistered A	\gent	
FARQUHARSON, ALFRED		·	Name				_		·
4400 NW 4	43 TER C, FL 33319		Street		ss (P.O. Box Number is Not Acceptable)				
			City					Zip Cod	Α
							FL		
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office o	r register	ed agent, or both, in	the State of Flo	rida. Iam f	familiar with,	and accept
						,			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	•	DATE		
SIGNATURE		· 		ture required		`		r pavahle t	
SIGNATURE	Signature, typed or printed name of registered agent of Filling Fee Is \$81.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees		ake check	payable to	
SIGNATURE	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flor	ake check Ida Depart	tment of S	tate
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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 MAKE OF STANING OFFICER OR DIRECTOR

NOEL N MORRIS

4-12-06 Date

954-739-6346

Daytime Phone #