


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14723 (3)**  
1. Corporation Name  
**PEOPLE ADVOCATING TOGETHER WITH HOPE, INC.**



Principal Place of Business <b>2502 SANDY LN. ORLANDO FL 32818</b>	Mailing Address <b>2502 SANDY LN. ORLANDO FL 32818</b>
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3. Date Incorporated or Qualified <b>05/05/1986</b>
4. FEI Number <b>59-2684170</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**ANDERSON, SHEILA  
5884 MARBLE COURT  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
81 Name **GLORIA GRASS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2502 SANDY LANE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32818**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gloria Grass* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRASS, GLORIA	
STREET ADDRESS	2502 SANDY LN	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, DAPHNE	
STREET ADDRESS	4302 TRENTONIAN CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORDAY, DOMI	
STREET ADDRESS	5210 LAZY OAKS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, SHEILA	
STREET ADDRESS	5884 MARBLE COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTA K. LATTOZ	
1.3 STREET ADDRESS	708 WADECREST DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GLORIA GRASS* *Gloria Grass* 4-27-98 (409) 293-3625

CR2E037 (10/97)