

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34558

1. Corporation Name

Haven of Hope INC.

Principal Place of Business

Mailing Address

34 S.W. 5AVE.
HOMESTEAD FL 33034

9151 SW 181 TERR
MIAMI FL 33157

800001466078

04/27/95--01021--003

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 05/1989 Date of Last Report 5/1989

4. FEI Number 65-0192103 Applied For

N34558

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vivian Poulos
9151 SW 181 TERR
MIAMI FL 33157

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Vivian Poulos (T) Vivian Poulos

DATE April 3, 1995

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PRESIDENT
DR. MARGARET PETERS
622 N KROME AVE.
HOMESTEAD FL 33030

Change Addition

SECRETARY
KATHLEEN HARTZLER
1560 NE 11 ST.
HOMESTEAD FL 33030

Change Addition

TREASURER
VIVIAN POULOS
9151 SW 181 TERR
MIAMI FL 33157

Change Addition

DIRECTOR
CHRIS FULMER
22195 SW 252 ST.
HOMESTEAD FL 33031

Change Addition

RE DIRECTOR
REBECCA LEONARD
10730 SW 163 ST.
MIAMI FL 33157

Change Addition

ADDITIONAL DIRECTOR
JOBY CORMONDY
8795 SW 112 ST.
MIAMI FL 33176

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: Vivian Poulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

4/3/95 253-5580