

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N34558 (9)**

1. Corporation Name

**HAVEN OF HOPE, INC.**



Principal Place of Business

**34 SW FIFTH AVENUE  
HOMESTEAD FL 33034**

Mailing Address

**9151 S.W. 181 TERR.  
MIAMI FL 33157**

3. Date Incorporated or Qualified  
**10/05/1989**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POULOS VIVIAN  
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 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

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **PATES, MARGARTE DR**  
STREET ADDRESS **622 N. KROME AVE.**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **HARTZLER, KATHLEEN**  
STREET ADDRESS **1560 N.E. 11 ST.**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

2.1 TITLE **V P** ☐ Change ☒ Addition  
2.2 NAME **RENEE TAYLOR TAYLOR, RENEE**  
2.3 STREET ADDRESS **31400 SW 208 CT.**  
2.4 CITY-ST-ZIP **Homestead, FL 33030**

TITLE **T** ☐ DELETE  
NAME **POULOS, VIVIAN**  
STREET ADDRESS **9451 S.W. 181 TERR.**  
CITY-ST-ZIP **MIAMI FL 33157**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FULMER, CHRIS**  
STREET ADDRESS **22195 S.W. 252 ST.**  
CITY-ST-ZIP **HOMESTEAD FL 33031**

4.1 TITLE **S** ☒ Change ☐ Addition  
4.2 NAME **FULMER, CHRIS**  
4.3 STREET ADDRESS **22195 SW 252 ST.**  
4.4 CITY-ST-ZIP **Homestead, FL 33031**

TITLE **D** ☐ DELETE  
NAME **LEONARD, REBECCA**  
STREET ADDRESS **10730 S.W. 163 ST.**  
CITY-ST-ZIP **MIAMI FL 33157**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CARMONDY, JODY**  
STREET ADDRESS **8795 S.W. 112 ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **MONTESINA, BECKY**  
6.3 STREET ADDRESS **15945 SW 77 CT**  
6.4 CITY-ST-ZIP **MIAMI FL 33157**

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VIVIAN POULOS TREASURER**

Date

Daytime Phone #

**1/20/96 253-5580**

CR2E037 (12/95)