


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

34 SW FIFTH AVENUE
FLORIDA CITY FL 33034
US

34 S.W. FIFTH AVE.
FLORIDA CITY FL 33034
US

3. Date Incorporated or Qualified

10/05/1989

4. FEI Number

65-0192103

Applied For

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

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

MASON H. VAN TASSEL

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

16940 SW 302 TERRACE

83

84 City

Homestead

FL

85 Zip Code

33030

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 *Mason H. Van Tassel* MASON H. VAN TASSEL

1/20/98

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 | DT | <input type="checkbox"/> DELETE |
| NAME | VAN TASSEL, MASON H | |
| STREET ADDRESS | 16940 S.W. 302 TERR | |
| CITY - ST - ZIP | HOMESTEAD FL | |

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HARTZLER, KATHLEEN | |
| STREET ADDRESS | 1560 N.E. 11 ST. | |
| CITY - ST - ZIP | HOMESTEAD FL 33030 | |

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | FULMER, CHRIS | |
| STREET ADDRESS | 22195 S.W. 252 ST. | |
| CITY - ST - ZIP | HOMESTEAD FL | |

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEARNARD, REBECCA | |
| STREET ADDRESS | 10730 S.W. 163 ST. | |
| CITY - ST - ZIP | MIAMI FL 33157 | |

| | | |
|-----------------|------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MONTESINA, BECKY | |
| STREET ADDRESS | 15945 SW 77 CT | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 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 or changed, or on an attachment with an address.

SIGNATURE: *Mason H. Van Tassel* MASON H. VAN TASSEL 1/20/98 305-247-3500

CR2E037 (10/97)