

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90003 032 \*\*\*\*70.00

**DOCUMENT # N34558**

1. Corporation Name

**HAVEN OF HOPE, INC.**

Principal Place of Business

34 SW FIFTH AVENUE  
FLORIDA CITY FL 33034  
US

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

FLORIDA CITY, FL

29

Zip

Country

30

33034-0427

3. Date Incorporated or Qualified

10/05/1989

4. FEI Number

65-0192103

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

VAN TASSEL, MASON H  
16940 SW 302 TERRACE  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
VAN TASSEL, MASON H  
16940 S.W. 302 TERR  
HOMESTEAD FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FULMER, CHRIS  
22195 S.W. 252 ST.  
HOMESTEAD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEARNARD, REBECCA  
10730 S.W. 163 ST.  
MIAMI FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MONTESINA, BECKY  
15945 SW 77 CT  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

*Mason H. Van Tassel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99

Date

305-271-5600

Daytime Phone #

0002617

CR2E037 (5/99)