

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 035 ****61.25

DOCUMENT # N38410

1. Entity Name
HOPE PREGNANCY CENTERS, INC.



Principal Place of Business
**3700 SW 64 AVE
DAVIE, FL 33314 US**

Mailing Address
**P O BOX 290061
DAVIE, FL 33329**



2. Principal Place of Business - No P.O. Box #
700 E. Atlantic Blvd

3. Mailing Address
PO BOX 668205

Suite, Apt. #, etc.
Pompano Beach

Suite, Apt. #, etc.
Pompano Beach

City & State
FL

City & State
FL

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0213258

Applied For
Not Applicable

Zip
33060

Country
USA

Zip
33066-8205

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HODGES, PERRY W JR
1401 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISZLER, TIMOTHY 5100 MADISON ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, BERNITA 1711 N. 45 AVE. HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ROBIN 11721 NW 22 ST PEMBROKE PINES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEDJE, CHUCK 821 SW 11 STREET POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUEX, JANET 4740 SW 72 AVE. DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITCAIRN, NAT 5781 SW 8 CT. PLANTATION, FL 33317	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronellys Perez 8211 SW 57 ST Davie FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy Moore 1161 NW 93 Terrace Plantation FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kay Lewis 475 NE 50TH Miami FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Beloyan 13900 SW 24 street Davie FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Snidmak 3801 Hollywood Blvd Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elio Coradin 11517 SW 54 Court Cooper City FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X M Kay Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

2-22-07

Date

954-785-8180

Daytime Phone #