


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39117 (9)			
1. Corporation Name VILLAGE OF HOPE, INC.			
Principal Place of Business POST OFFICE BOX 5406 SPRING HILL FL 34606		Mailing Address POST OFFICE BOX 5406 SPRING HILL FL 34611-0406	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/16/1990		3a. Date of Last Report 06/10/1996	
4. FEI Number 59-3026218		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent FREDRICK, LARRY R 7 REDBOY COURT WEST HOMOSASSA FL 34448		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	BIERWILER, FRANK		
STREET ADDRESS	4528 DELTONA BLVD.		
CITY- ST- ZIP	SPRING HILL FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	BUETTNER, JOSEPH F.		
STREET ADDRESS	7 RED BAY CT W		
CITY- ST- ZIP	HOMOSASSA FL FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	MCLEOD, DOROTHY L.		
STREET ADDRESS	8375 BRAGANZA ST.		
CITY- ST- ZIP	SPRING HILL FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	SCHIMMELMANN, ROBERT H.		
STREET ADDRESS	3410 LAMBERT AVE.		
CITY- ST- ZIP	SPRING HILL FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ANDERSON, KATHLEEN		
STREET ADDRESS	19455 S. SUNCOAST BLVD		
CITY- ST- ZIP	HOMOSASSA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KESMAN, MARCIE		
STREET ADDRESS	5030 PLUMOSA		
CITY- ST- ZIP	SPRING HILL FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	DOUGHERTY, FRANK		
1.3 STREET ADDRESS	9290 FOX HOLLOW LN		
1.4 CITY- ST- ZIP	BROOKSVILLE, FL 34613		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	FREDRICK, LARRY		
2.3 STREET ADDRESS	7 REDBOY CT WEST		
2.4 CITY- ST- ZIP	HOMOSASSA, FL.		
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 do 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.			
SIGNATURE: FRANK BIERWILER <i>Frank Bierwiler</i> (352) 546-3546 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-18-97 Daytime Phone # 0068564			

CR2E037 (9/96)