


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N47037	
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1. Entity Name
MOUNT HOPE FELLOWSHIP, INC.

Principal Place of Business
18721 N.W. 11 PLACE
MIAMI, FL 33169

Mailing Address
18721 N.W. 11 PLACE
MIAMI, FL 33169



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT, DAVID L
18721 N.W. 11TH PLACE
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000154984
05/05/04-80019-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD GARRETT, DAVID L. 18721 N.W. 11TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD GARRETT, MERCEDES 18721 N.W. 11TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD GARRETT, TANYA Y. 18721 N.W. 11TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GARRETT, DWAYNE D. 18721 N.W. 11TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GARRETT, ANGELA R. 18721 N.W. 11TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #