

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 015 ****75.00

DOCUMENT # N48649

1. Entity Name
THE HOPE CENTER FOUNDATION, INC.



Principal Place of Business

**666 SW 4TH STREET
MIAMI, FL 33130**

Mailing Address

**666 SW 4TH STREET
MIAMI, FL 33130**

40000362



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0331601

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHELAN, AILEEN
666 SW 4TH STREET
MIAMI, FL 33130**

**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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, DAVID
5900 SW 73RD STREET # 300
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BLANK, TONY
9350 S DIXIE HIGHWAY 900
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOTTLIEB, KAREN
PO BOX 1388
COCONUT GROVE, FL 33233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAMPBELL, CLAY
9400 S DADELAND BLVD # 111
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANCIS, MARY JO
550 NE 53 ST
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANQUE, ANNETTE
1221 BRICKELL BAY DR., STE 1170
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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: *Aileen Phelan Aileen Phelan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/2008 305-545-7572