

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48843

(9)

1. Corporation Name

H.O.P.E. OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P O BOX 151653  
TAMPA FL 33684

P O BOX 151653  
TAMPA FL 33684

FILED  
Jul 23 1998 8:00am  
Secretary of State



2. Principal Place of Business

21 P O BOX 151653  
Suite, Apt. #, etc.

22

23 TAMPA FL  
City & State

24 33684  
Zip

25 Hillsb.  
Country

2a. Mailing Address

26 P O BOX 151653  
Suite, Apt. #, etc.

27

28 TAMPA FL  
City & State

29 33684  
Zip

30 Hillsb.  
Country

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

59-3126627

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CURBELO, DIANA S  
3925 DORAL DRIVE  
TAMPA FL 33634

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

TITLE SCD  
NAME NORIEGA, ANDREA  
STREET ADDRESS 8920 LINDENHURST PLACE  
CITY-ST-ZIP TAMPA FL  
☒ DELETE

TITLE PD  
NAME ANDERSEN, FRANCES  
STREET ADDRESS 14183 WADSWORTH DR.  
CITY-ST-ZIP ODESSA FL  
☐ DELETE

TITLE DS  
NAME FONDA, BRENDA  
STREET ADDRESS 12305 KELLY LANE  
CITY-ST-ZIP THONOTOSASSA FL  
☐ DELETE

TITLE VD  
NAME ESCOBIO, BARBARA  
STREET ADDRESS 2700 KATHLEEN STREET  
CITY-ST-ZIP TAMPA FL  
☒ DELETE

TITLE DT  
NAME CURBELO, DIANA S.  
STREET ADDRESS 3925 DORAL DRIVE  
CITY-ST-ZIP TAMPA FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SCD  
1.2 NAME HIDA WARD  
1.3 STREET ADDRESS 802 DOWNS CT. #202  
1.4 CITY-ST-ZIP TAMPA FL 33603  
☒ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE VD  
4.2 NAME SELESTE LUCCIONI  
4.3 STREET ADDRESS 10470 ST. TROPEZ PK  
4.4 CITY-ST-ZIP TAMPA FL 33615  
☒ Change ☒ Addition

5.1 TITLE TD  
5.2 NAME RUTH GORDON  
5.3 STREET ADDRESS 4402 BEACH PK DR  
5.4 CITY-ST-ZIP TAMPA FL 33609  
☒ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ 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.

SIGNATURE:

FRANCES ANDERSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/98 8138053075  
Date Daytime Phone #

CR2E037 (5/98)