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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48843

1. Corporation Name

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

Principal Place of Business

P O BOX 151653
TAMPA FL 33684
US

Mailing Address

P O BOX 151653
TAMPA FL 33684

455185 - 90036 - 48



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

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 **RUTH GORDON**

82 Street Address (P.O. Box Number is Not Acceptable)
4402 BEACH PARK DRIVE W.

84 City **TAMPA**

FL

85 Zip Code
33609

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 **Ruth Gordon, V.P. and TREASURER** 4/20/99

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** ☐ DELETE
NAME **WARD, HILDA**
STREET ADDRESS **802 DOWNS COURT #202**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **DS** ☒ DELETE
NAME **FONDA, BRENDIA**
STREET ADDRESS **12305 KELLY LANE**
CITY-ST-ZIP **THONOTOSASSA FL**

TITLE **VD** ☐ DELETE
NAME **LUCCIONI, SELESTE**
STREET ADDRESS **10478 ST. TROPEZ PL**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **TD** ☐ DELETE
NAME **GORDON, RUTH**
STREET ADDRESS **4402 BEACH PK DR**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **VICKI ALMERICO**
3.3 STREET ADDRESS **204 TREASURE DRIVE**
3.4 CITY-ST-ZIP **TAMPA, FL 33609**

4.1 TITLE **P/D** ☒ Change ☐ Addition
4.2 NAME **MARY SELESTE LUCCIONI**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **V/T/D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE: **Mary Seleste Luccioni** 4/20/99 (813) 854-1875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1-98)