


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90105 009 \*\*\*\*61.25

<b>DOCUMENT # N48843</b>	
1. Entity Name <b>H.O.P.E. OF TAMPA BAY, INC.</b>	

Principal Place of Business <b>P O BOX 151653 TAMPA, FL 33684 US</b>	Mailing Address <b>P O BOX 151653 TAMPA, FL 33684</b>
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**60021468**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3126627</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PADRON, NORMA 3724 THORNWOOD DR. TAMPA, FL 33618</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, as applicable. (REG-15) Registered Agent signature required when changing agent.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUCCIONI, SELESTE			NAME	ALMERICO, VICKI		
STREET ADDRESS	10478 ST. TROPEZ PLACE			STREET ADDRESS	204 TREASURE DR.		
CITY- ST- ZIP	TAMPA, FL 33615			CITY- ST- ZIP	TAMPA, FL 33609		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCAGLIONE, BELINDA			NAME	ANDERSEN, FRAN		
STREET ADDRESS	2901 W. FOUNTAIN BLVD			STREET ADDRESS	3404 WATERBRIDGE DR.		
CITY- ST- ZIP	TAMPA, FL 33609			CITY- ST- ZIP	TAMPA, FL 33618		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GORDON, RUTH			NAME	PADRON, NORMA		
STREET ADDRESS	4402 BEACH PK DR			STREET ADDRESS	3724 THORNWOOD DR		
CITY- ST- ZIP	TAMPA, FL 33609			CITY- ST- ZIP	TAMPA, FL 33618		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLON, DEBBIE			NAME			
STREET ADDRESS	8807 W. WELLESLEY CT.			STREET ADDRESS			
CITY- ST- ZIP	ODESSA, FL 33556			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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:** *Norma Padron* **2-22-06** **813-969-1093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing