

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90061 013 ****61.25

DOCUMENT # N48843 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3126627	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADRON, NORMA 3724 THORNWOOD DR. TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <i>Belinda Scaglione</i> Belinda Scaglione President 2/22/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUCCIONI, SELESTE 10478 ST. TROPEZ PLACE TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAINA, MARY 3426 15TH ST. TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCAGLIONE, BELINDA 2901 W. FOUNTAIN BLVD TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCAGLIONE, BELINDA 3901 W. FOUNTAIN BLVD TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADRON, NORMA 3724 THORNWOOD DR TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUTKUS, DODIE 810 GATEWAY LANE TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLON, DEBBIE 8807 W. WELLESLEY CT. ODESSA, FL 33556		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALMERICO, VICKI 204 TREASURE DR TAMPA, FL 33609		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, FRAN 3404 WATERBRIDGE DR TAMPA, FL 33618		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: <i>Belinda Scaglione</i> Belinda Scaglione 2/22/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(813) 876 5609