

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# N50407

**Entity Name:** A GIFT OF HOPE FOR MEDICALLY FRAGILE & CANCER CHILDREN, INC.

**Current Principal Place of Business:**

4448 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

615 E. PRINCETON STREET  
SUITE 540  
ORLANDO, FL 32803

**Current Mailing Address:**

615 E PRINCETON STREET # 540  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 59-3136203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOIGHT-GUEDES, MARGARET  
615 E. PRINCETON STREET #540  
ORLANDO, FL 32803      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SHEPPARD, CLIFFORD  
Address: 221 N.E. IVANHOE BLVD. STE., 205  
City-St-Zip: ORLANDO, FL

Title: DP      ( ) Delete  
Name: VOIGHT, MARGARET  
Address: 1010 VIA MERANO CT  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: GUEDES, BEN M  
Address: 615 E. PRINCETON STREET, SUITE 540  
City-St-Zip: ORLANDO, FL

Title: D      ( ) Delete  
Name: STOUT, MARILYN  
Address: 1400 S. ORLANDO AVE., #103  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET VOIGHT-GUEDES

DP

07/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date