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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50918** (4)

1. Corporation Name

BOOK OF HOPE, INC.

Principal Place of Business

1100 S STATE RD #7
SUITE 201
MARGATE FL 33068
US

Mailing Address

POST OFFICE BOX 4505
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

09/17/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

1100 S. STATE RD #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

SUITE #201

23

28

MARGATE, FL

24 Zip

Country

29 Zip

Country

33068

USA

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

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI INC.
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

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 817.0502 and 617.1503, 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 ☐ DELETE

NAME D/P
HOSKINS, ROBERT D.
STREET ADDRESS 3333 SW 15TH ST.
CITY-ST-ZIP DEERFIELD BEACH FL 33442-8134

TITLE ☐ DELETE

NAME DST
BAUGHMAN, MARILYN
STREET ADDRESS P O BOX 4505 N/A
CITY-ST-ZIP DEERFIELD FL

TITLE ☐ DELETE

NAME DV
BERKEY, DALE
STREET ADDRESS 60 SHIAWASSEE AV. SUITE G
CITY-ST-ZIP AKRON OH 44333-3755

TITLE ☐ DELETE

NAME DMO
CULBREATH, CECIL
STREET ADDRESS 1409 COOLHURST
CITY-ST-ZIP SHERWOOD AR 72120

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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

SIGNATURE:

CECIL CULBREATH

1-8-98

954-584-8494

CR2E037 (10/97)