

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000538 (8)

1. Corporation Name

HANDS OF HOPE, INC.



Principal Place of Business

Mailing Address

**452 ORMOND AVE
MERRITT ISLAND FL 32953
US**

**452 ORMOND AVE
MERRITT ISLAND FL 32953
US**

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 85 Richland Ave.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27

City & State

City & State

23 Merritt Island, FL

28

Zip

Country

Zip

Country

24 32953

25 Brevard

29

30

4. FEI Number

59-3220558

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARE, ETHEL
1044 BELLEFONTE AVE
COCOA FL 32922**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WAREM ETHEL F**
STREET ADDRESS **1044 BELLEFONTE AVE**
CITY-ST-ZIP **COCOA FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Ethel Ware**
1.3 STREET ADDRESS **700 N. Courtenay Pkwy., Apt. 201**
1.4 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **S** ☐ DELETE
NAME **SMITH, AMRILYN**
STREET ADDRESS **504 DONNELT ST**
CITY-ST-ZIP **COCOA FL**

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

TITLE **T** ☐ DELETE
NAME **HUNTER, MARY**
STREET ADDRESS **452 ORMOND AVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TT** ☐ DELETE
NAME **SMALL, CAROL**
STREET ADDRESS **415 CHURCHILL ST**
CITY-ST-ZIP **COCOA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TT** ☒ DELETE
NAME **FRENCH, BARBARA**
STREET ADDRESS **1556 UNIVERSITY LANE 408**
CITY-ST-ZIP **COCOA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Chairman**
5.3 STREET ADDRESS **Ronnie Hamilton**
5.4 CITY-ST-ZIP **317 Sundial Court**

TITLE **T** ☐ DELETE
NAME **FRENCH, JESSE**
STREET ADDRESS **415 LINCOLN RD**
CITY-ST-ZIP **W COCOA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Jesse French**
6.3 STREET ADDRESS **5920 Baltimore Ave.**
6.4 CITY-ST-ZIP **Port St. John, FL 32927**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)