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Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**85 RICHLAND AVE
STE 2
MERRITT ISLAND FL 32953
US****452 ORMOND AVE
MERRITT ISLAND FL 32953-4413
US**3. Date Incorporated or Qualified
02/03/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 700 N Courtney Pkwy**26 700 N Courtney Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 201**27 # 201**

City & State

City & State

23 Merritt Island Fl.**28 Merritt Island, Fl.**

Zip

Country

Zip

Country

24 32953**25 Brevard****29 32953****30 Brevard**

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 Ethel Ware****82 Street Address (P.O. Box Number is Not Acceptable)
700 N Courtney Pkwy #201****83****84 City Merritt Island FL 85 Zip Code 32953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ETHEL WARE	
STREET ADDRESS	700 N COURTENAY PKWY APT. 201	
CITY - ST - ZIP	MERRITT ISLAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, AMRILYN	
STREET ADDRESS	504 DONNELT ST	
CITY - ST - ZIP	COCOA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNTER, MARY	
STREET ADDRESS	452 ORMOND AVE	
CITY - ST - ZIP	MERRITT ISLAND FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	TT	<input type="checkbox"/> DELETE
NAME	SMALL, CAROL	
STREET ADDRESS	415 CHURCHILL ST	
CITY - ST - ZIP	COCOA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RONNIE HAMILTON	
STREET ADDRESS	317 SUNDIAL CT	
CITY - ST - ZIP	COCOA FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barbara Gray
5.3 STREET ADDRESS	700 N Courtney Pkwy #325
5.4 CITY - ST - ZIP	Merritt Island Fl. 32953

TITLE	T	<input type="checkbox"/> DELETE
NAME	FRENCH, JESSE	
STREET ADDRESS	5920 BALTIMORE AVE	
CITY - ST - ZIP	PORT ST JOHN FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ethel Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020125

2-1-97 407 453-6654

CR2E037 (9/96)