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Jun 25 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 # N94000000538 (8)

1. Corporation Name

HANDS OF HOPE, INC.



Principal Place of Business	Mailing Address
700 N COURTNEY PKWY #201 MERRITT ISLAND FL 32953 US	700 N COURTNEY PKWY #201 MERRITT ISLAND FL 32953 US

3. Date Incorporated or Qualified	02/03/1994
4. FEI Number	59-3220558
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 700 N Courtney Pkwy Suite, Apt. #, etc.	26 700 N Courtney Pkwy Suite, Apt. #, etc.
22 #201	27 #201
23 Merritt Island, FL	28 Merritt Island, FL
24 32953	29 32953
Country	Country
US	US

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
WARE, ETHEL 700 N COURTNEY PKWY #201 MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name Ethel F. Ware
82 Street Address (P.O. Box Number is Not Acceptable)
700 N Courtney Pkwy #201
83 Merritt Island
84 City Merritt Island, FL
85 Zip Code 32922

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 Director Ethel Ware Director 4-23-95

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ETHEL WARE - D
STREET ADDRESS	700 N COURTNEY PKWY APT. 201
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	S
NAME	SMITH, AMRILYN -
STREET ADDRESS	504 DONNELT ST
CITY-ST-ZIP	OCCOA FL 32922
TITLE	T
NAME	HUNTER, MARY -
STREET ADDRESS	452 ORMOND AVE
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	TT
NAME	SMALL, CAROL
STREET ADDRESS	415 CHURCHILL ST
CITY-ST-ZIP	OCCOA FL
TITLE	D
NAME	GRAY, BARBARA
STREET ADDRESS	700 N COURTNEY PKWY, #325
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	T
NAME	FRENCH, JESSE
STREET ADDRESS	5920 BALTIMORE AVE
CITY-ST-ZIP	PORT ST JOHN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Jessie Montgomery
1.3 STREET ADDRESS	424 ROOSEVELT AVENUE D
1.4 CITY-ST-ZIP	Merritt Island, FL 32953
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 4-23-98 407 433-3814

CP2E037 (10/97)