

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N94000001784**

1. Corporation Name

**CHILD HOPE, INC.**

Principal Place of Business

**7700 W 20 AVE  
SUITE A  
HIALEAH FL 33016-1859  
US**

Mailing Address

**7700 W 20 AVE  
SUITE A  
HIALEAH FL 33016-1859  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**04/11/1994**

4. FEI Number

**65-0486169**

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

9. Name and Address of Current Registered Agent

**OSMAN, L M  
1474-A WEST 84TH ST.  
HIALEAH FL 33014-3363**

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME CAMPBELL, THOMAS B  
STREET ADDRESS 17801 N.W. 22ND AVE.  
CITY-ST-ZIP OPA LOCKA FL ☒ DELETE

TITLE ED  
NAME BROWN, GEORGE M  
STREET ADDRESS 7764 WEST 16TH AVE.  
CITY-ST-ZIP HIALEAH FL 12 ☐ DELETE

TITLE VD  
NAME ALLEN, DELBERT L.  
STREET ADDRESS 8255 W. 18 LANE RD.  
CITY-ST-ZIP HIALEAH FL ☒ DELETE

TITLE TD  
NAME SCHULZ, JOHNNY  
STREET ADDRESS 2921 N 66 AVE  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE SD  
NAME OSMAN, MICHAEL L.  
STREET ADDRESS 15820 TURNBERRY DR.  
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Deloach, Dan  
1.3 STREET ADDRESS 1101 Swan Avenue  
1.4 CITY-ST-ZIP Miami Springs FL 33166

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 VP Martin, Frank  
3.3 STREET ADDRESS 8538 Glencairn Lane  
3.4 CITY-ST-ZIP Miami Lakes, FL 33016-1466

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

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, with all other like empowered.

SIGNATURE:

*George...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-99*  
Date

*305-827-9492*  
Daytime Phone #

CR2E037 (11/98)