


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90539 042 ****70.00

DOCUMENT # N94000001784	
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1. Entity 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.
STE. A
HIALEAH, FL 33016-1859

00010100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0486169

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELOACH, DAN	
STREET ADDRESS	1101 SWAN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, THOMAS	
STREET ADDRESS	17801 NW 22ND AVE	
CITY-ST-ZIP	OPA LOCKA, FL 33056	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHULZ, JOHNNY	
STREET ADDRESS	2921 N 66 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	OSMAN, MICHAEL L.	
STREET ADDRESS	15820 TURNBERRY DR.	
CITY-ST-ZIP	MIAMI LAKES, FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johnny Schultz 4/25/05