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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N94000005811 (4)

1. Corporation Name
HOPE FOR THE CITY (FLORIDA), INC.

Principal Place of Business	Mailing Address
% WILLIAM A. BOYLES, ESQ. P.O. BOX 3068 ORLANDO FL 32802	% WILLIAM A. BOYLES, ESQ. P.O. BOX 3068 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:
4. FEI Number: 59-3284296 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
201 EAST PINE ST.
SUITE 1200
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/T	☒ Change ☐ Addition
NAME	ALLISON, DAN	1.2 NAME		
STREET ADDRESS	7630 N.W. 11TH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLISON, MARY	2.2 NAME		
STREET ADDRESS	7630 N.W. 11TH PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DEAM, DOUG	3.2 NAME		
STREET ADDRESS	535 PALERMO AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DEAM, ANN	4.2 NAME		
STREET ADDRESS	535 PALERMO AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	RHEINBOLT, RICHARD	5.2 NAME		
STREET ADDRESS	4045 VILLAGE DR., #C	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RHEINBOLT, KAREN	6.2 NAME		
STREET ADDRESS	4045 VILLAGE DR., #C	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445	6.4 CITY-ST-ZIP	SEE ATTACHED SHEET FOR ADDITIONS	

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)(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: Todd O. McCormick President 1/23/95 (305) 558-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Todd McCormick, President

0004004

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HOPE FOR THE CITY (FLORIDA), INC.

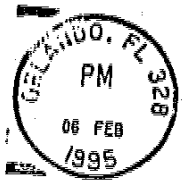
12. OFFICERS AND DIRECTORS (CONTINUED)

TITLE: D/P
NAME: MCCORMICK, TODD
STREET ADDRESS: 9201-A WEST SAMPLE ROAD
SUITE 178
CITY, STATE: CORAL SPRINGS, FL 33065

X Addition

TITLE: D
NAME: MCCORMICK, PATRICIA
STREET ADDRESS: 9201-A WEST SAMPLE ROAD
SUITE 178
CITY, STATE: CORAL SPRINGS, FL 33065

X Addition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