

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N94000005811 (4)**

1. Corporation Name

**HOPE FOR THE CITY (FLORIDA), INC.**



Principal Place of Business

Mailing Address

% WILLIAM A. BOYLES, ESO  
P.O. BOX 3068  
ORLANDO FL 32802

% WILLIAM A. BOYLES, ESO  
P.O. BOX 3068  
ORLANDO FL 32802

3. Date Incorporated or Qualified

**11/28/1994**

3a. Date of Last Report

**02/15/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **12995 NE 7th Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Miami, Florida**

24

Zip

**33161**

Country  
**USA**

2a. Mailing Address

26 **12995 NE 7th Avenue**

Suite, Apt. #, etc.

27

City & State

28 **Miami, Florida**

29

Zip

**33161**

Country  
**USA**

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 617.0602 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 ☐ DELETE

NAME **DT ALLISON, DAN**  
STREET ADDRESS **7630 N.W. 11TH PLACE**  
CITY - ST - ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **D ALLISON, MARY**  
STREET ADDRESS **7630 N.W. 11TH PLACE**  
CITY - ST - ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE

NAME **D DEAM, DOUG**  
STREET ADDRESS **535 PALERMO AVE**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **D DEAM, ANN**  
STREET ADDRESS **535 PALERMO AVE**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **DS RHEINBOLT, RICHARD**  
STREET ADDRESS **4045 VILLAGE DR., #C**  
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D RHEINBOLT, KAREN**  
STREET ADDRESS **4045 VILLAGE DR., #C**  
CITY - ST - ZIP **DELRAY BEACH FL 33445**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DP McCormick, Todd D.**  
1.3 STREET ADDRESS **15220 Dunbarton Place**  
1.4 CITY - ST - ZIP **Miami Lakes, Florida 33016**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D McCormick, Patricia R.**  
2.3 STREET ADDRESS **15220 Dunbarton Place**  
2.4 CITY - ST - ZIP **Miami Lakes, Florida 33016**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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)(k), 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 D. McCormick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Todd D. McCormick, President**

**5/1/96** (305) 893-2090  
Date Daytime Phone #

CR2E037 (12/95)