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Jul 02 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 # **N94000005811 (4)**

Corporation Name

HOPE WORLDWIDE - FLORIDA, INC.



Principal Place of Business		Mailing Address	
12005 NE 7TH AVE NORTH MIAMI FL 33161 US		5901 NW 151 ST K Suite 124 NORTH MIAMI FL 33161 US	
2. Principal Place of Business		2a. Mailing Address	
21 5901 NW 151 ST		28 5901 NW 151 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 124		27 Suite 124	
City & State		City & State	
23 Miami Lakes, FL		28 Miami Lakes, FL	
Zip		Zip	
24 33014		29 33014	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified	
11/28/1994	
4. FEI Number	Applied For
59-3284296	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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		10. Name and Address of New Registered Agent	
BOYLES, WILLIAM A 201 EAST PINE ST. SUITE 1200 ORLANDO FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	MCCORMICK, TODD D	1.2 NAME	C. Foster Stanback
STREET ADDRESS	15220 DUNBARTON PLACE	1.3 STREET ADDRESS	21954 Cartagena Drive
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D	2.1 TITLE	
NAME	BATTLE, KARLYN	2.2 NAME	
STREET ADDRESS	20008 LEEWARD CT #231	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	DT	4.1 TITLE	
NAME	MENENDEZ, JOEL	4.2 NAME	
STREET ADDRESS	8717 NW 149TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	RHEINBOLT, RICHARD	5.2 NAME	
STREET ADDRESS	4045 VILLAGE DR., #C	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	STEARNS, PAMELA DR	6.2 NAME	
STREET ADDRESS	12005 NE 7TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	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: *Todd D McCormick* 6/22/98 (305) 827-2077

CR2E037 (10/97)