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**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000005811**

1. Corporation Name

**HOPE WORLDWIDE - FLORIDA, INC.**

Principal Place of Business

5901 N W 151 ST  
 STE 124  
 MIAMI LAKES FL 33014  
 US

Mailing Address

5901 N W 151 ST  
 STE 124  
 MIAMI LAKES FL 33014  
 US

2. Principal Place of Business

21 15175 EAGLE NEST LN

Suite, Apt. #, etc.

22 108

City & State

23 MIAMI LAKES, FL

Zip

24 33014

Country

25 U.S.A.

2a. Mailing Address

26 15175 EAGLE NEST LN.

Suite, Apt. #, etc.

27 108

City & State

28 MIAMI LAKES, FL

Zip

29 33014

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3284296

Applied For  
 Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
 Added to Fees

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 617.0502 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 DP ☐ DELETE

NAME MCCORMICK, TODD D  
 STREET ADDRESS 15220 DUNBARTON PLACE  
 CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ DELETE

NAME BATTLE, KARLYN  
 STREET ADDRESS 20908 LEEWARD CT #231  
 CITY-ST-ZIP AVENTURA FL

TITLE D ☒ DELETE

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

TITLE DT ☒ DELETE

NAME MENENDEZ, JOEL  
 STREET ADDRESS 8717 NW 149TH TERR  
 CITY-ST-ZIP MIAMI FL

TITLE DS ☒ DELETE

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

TITLE D ☒ DELETE

NAME STEARNS, PAMELA DR  
 STREET ADDRESS 12995 NE 7TH AVE  
 CITY-ST-ZIP NORTH MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME McCormick, Todd  
 1.3 STREET ADDRESS 6835 Queen Palm Terr.  
 1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Battle, Karlyn  
 2.3 STREET ADDRESS 2051 NE 214th Terr.  
 2.4 CITY-ST-ZIP North Miami, FL 33179

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Lee, Jeff  
 3.3 STREET ADDRESS 7824 SW 165 St  
 3.4 CITY-ST-ZIP Miami, FL 33157

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Avila, Joe L.  
 4.3 STREET ADDRESS 7941 NW 3rd St  
 4.4 CITY-ST-ZIP Plantation, FL 33324

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Hafke, Chantal  
 5.3 STREET ADDRESS 20481 NE 10th Pl.  
 5.4 CITY-ST-ZIP Miami, FL 33179

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Rehman, Grace  
 6.3 STREET ADDRESS 4215 NW 168 Terr.  
 6.4 CITY-ST-ZIP Miami, FL 33055

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:

*Todd McCormick* **TODD MCCORMICK** 7/20/99 305) 827-2077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023193

CR2E037 (11/98)

13. Additions / changes to officers & Directors (Continued)

608301-90003-44

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7.1 Title

T

7.2 Name

Jones, Mati

7.3 Address

7125 NW Miami Gardens Dr., Apt 511

7.4 City-St-Zip

Miami LAKES, FL 33014

☒ Addition

8.1 Title

S

8.2 Name

Kuchar, Matthew

8.3 Address

41 Toledo Court

8.4 City-State-Zip

Davie, FL 33324

☒ Addition