

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-91

B-10042 C

DOCUMENT # N94000005901 (3)

1. Corporation Name

THE HOPE FOUNDATION, INC.



Principal Place of Business

Mailing Address

1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

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CAPE CORAL FL 33904

3. Date Incorporated or Qualified  
12/01/1994

3a. Date of Last Report  
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0534028

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESKIN, HAROLD S  
1201 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ESKIN, HAROLD S  
STREET ADDRESS 1201 CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME ~~NORTON, JONI~~  
STREET ADDRESS 1008 DEL PRADO BLVD., STE. 300  
CITY-ST-ZIP ~~CAPE CORAL FL 33900~~

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME James P. Sweeney, CPA  
2.3 STREET ADDRESS 1008 DEL PRADO BLVD #300  
2.4 CITY-ST-ZIP Cape Coral, FL 33990

TITLE D ☒ DELETE  
NAME ~~GARDNER, FRANK~~  
STREET ADDRESS 1720 MARLYN RD.  
CITY-ST-ZIP ~~FORT MYERS FL 33901~~

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Randy Kniflic, M.D.  
3.3 STREET ADDRESS 3480 Broadway  
3.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ DELETE  
NAME RIGBY, PATTI  
STREET ADDRESS 2654 SHRIVER  
CITY-ST-ZIP FORT MYERS FL 33901

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BOWMAN, TEDDI  
STREET ADDRESS 9153 SHADDOCK RD. EAST  
CITY-ST-ZIP FORT MYERS FL 33912

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ABELL, ANGELA  
STREET ADDRESS 12470 WOODTIMBER LANE  
CITY-ST-ZIP FORT MYERS FL 33913

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/96 (941) 549-5251

CR2E037 (12/95)