

# 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 # N95000001690 (5)**

1. Corporation Name

**HEARTS AND HOPE INC.**



Principal Place of Business

P.O. BOX 30686  
PALM BEACH GARDENS FL 33420

Mailing Address

P.O. BOX 30686  
PALM BEACH GARDENS FL 33420

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.**  
**4521 PGA BLVD.**  
**SUITE 211**  
**PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified

**04/07/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

**45-0572315**

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

10. Name and Address of New Registered Agent

81

Name

**Mrs Anne Bane**

82

Street Address (P.O. Box Number is Not Acceptable)

**560 Village Boulevard**  
**Suite 100**

83

84

City

**West Palm Beach**

**FL**

85 Zip Code

**33409**

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

**Ann Bane**

**Ann Bane**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

**AUSTIN, PATRICE P**  
**3008 30TH COURT**  
**JUPITER FL 33477**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

**STERNLIEB, CAROLE LCSW**  
**1324 SCOTTSDALE ROAD EAST**  
**WEST PALM BEACH FL 33417**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

**WILNER, JACQUELINE**  
**2778 SOUTH OCEAN BLVD.**  
**PALM BEACH FL 33480**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

**PATRICE P. Austin**

**3/27-96**

**407-745-0467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)