

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002593

FILED
Apr 26, 2005
Secretary of State

Entity Name: HOPE OUTREACH CENTER, INC.

Current Principal Place of Business:

4700 SW 64 AVE
SUITE A
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4700 SW 64 AVE
SUITE A
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0590679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELEN, SHINNERS
611 NW 97 TERR
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AICHER, KEVIN
Address: 5455 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: P () Delete
Name: BLEDSOE, PATRICIA
Address: 1921 NW 108 AVE
City-St-Zip: PAMBROKE PINES, FL 33026

Title: D () Delete
Name: BRIGGS, CHARLES
Address: 9441 LIVE OAK PL #101
City-St-Zip: FT LAUDERDALE, FL 33324

Title: D () Delete
Name: SHINNERS, HELEN
Address: 611 NW 97 TERR
City-St-Zip: PEMBROKE PINES, FL 33324

Title: D () Delete
Name: MONROE, KIAR
Address: 13431 SW 16 CT
City-St-Zip: DAVIE, FL 33325

Title: DIR () Delete
Name: MCINTOSH, DOUGLAS
Address: 1776 E. SUNRISE BLVE
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN SHINNERS

ED

04/26/2005

Electronic Signature of Signing Officer or Director

Date