

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90181 020 \*\*\*\*61.25

DOCUMENT # N95000005701

1. Corporation Name

HOPE FOR THE CHILDREN OF THE AMERICAS, INC.

Principal Place of Business

2168 S.E. HARRISON  
STUART FL 34997

Mailing Address

2168 S.E. HARRISON  
STUART FL 34997



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

65-0629348

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

9. Name and Address of Current Registered Agent

FRANKLIN, ROCKWELL J  
2168 S.E. HARRISON  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

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

1208 NE 17th Av

83

FT LAUDERDALE

84 City

FL

85

Zip Code

33304

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

*Rockwell J Franklin* 4/21/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FRANKLIN, CHRISTOPHER J  
STREET ADDRESS 3747 SW BRASSIE WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME FRANKLIN, VERONICA  
STREET ADDRESS 1501 NE OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34993

TITLE ☐ DELETE

NAME FRANKLIN, ROCKWELL J  
STREET ADDRESS 1501 NE OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34993

TITLE ☐ DELETE

NAME FERRARO, FRANK  
STREET ADDRESS 4 KINGSTON COURT  
CITY-ST-ZIP STUART FL 34993

TITLE ☐ DELETE

NAME FRANKLIN, GREGORY T  
STREET ADDRESS 2168 SE HARRISON  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rockwell J Franklin* 4/21/99 761-1642

CR2E037 (1/98)

0060721