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Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90001 028 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N96000000371

1. Corporation Name

FOOTPRINTS OF HOPE, INC.

Principal Place of Business

2608 NE 33 ST  
FT LAUDERDALE FL 33306

Mailing Address

2608 NE 33 ST  
FT LAUDERDALE FL 33306



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

TORTORIELLO, JOHN  
2608 NE 33 ST  
FT LAUDERDALE FL 33306

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

65-0652828

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

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 D ☐ DELETE

NAME TORTORIELLO, JOHN  
STREET ADDRESS 2608 NE 33 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE D ☐ DELETE

NAME TORTORIELLO, MARY K  
STREET ADDRESS 2608 NE 33 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE D ☒ DELETE

NAME IAIA, JACQUELINE  
STREET ADDRESS 1113 SW 47 ST  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME MARTINO, KAREN  
STREET ADDRESS 850 HUNTINGTON ROAD  
CITY-ST-ZIP MARIETTA GA 30060

TITLE D ☐ DELETE

NAME WHEELER, DENISE  
STREET ADDRESS 2154 HWY 231  
CITY-ST-ZIP PELHAM AL 35124

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 954 565-4643

CR2E037 (1/98)