2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90714 018 ****61.25

DOCUMENT # N97000000446

1. Entity Name
C & P, H.O.P.E., FOUNDATION, INC.

11039528

Principal Place of Business	Mailing Address
13146 CANNA LILY DRIVE ORLANDO, FL 32824 US	134 MARTIN CIRCLE ROYAL PALM BEACH, FL 33411

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	13146 Canna Lily DR. Suite, Apt. #, etc.
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32824 / Country: US.

4. FEI Number: 31-1521617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRITTENDEN, CELIA 134 MARTIN CIRCLE ROYAL PALM BEACH, FL 33411	Name: Reginald M. Greenwich, JR Street Address (P.O. Box Number is Not Acceptable): 13146 Canna Lily DR. City: Orlando FL Zip Code: 32824

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRITTENDEN, CELIA 134 MARTIN CIRCLE ROYAL PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PIERCE, HELEN C 554 S.E. 3RD STREET BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WRIGHT, MARY C 800 PALM BLVD. PAHOKEE, FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAINES, SIBYL L 277 KASSIK CIR ORLANDO, FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Greenwich, Reginald M. 13146 Canna Lily DR. Orlando, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 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 #