

SECOND NOTICE: CORP. ANNUAL REPORT DUE DATE: 09/30/98. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -4 AM 8:04

SECRETARY OF STATE



DOCUMENT # N97000000900 (7)

1. Corporation Name

DOYLE P. SCOTT CHARITY OF H.O.P.E., INC.

Principal Place of Business

Mailing Address

700 MARTIN LUTHER KING JR. BLVD.
POMPANO BEACH FL 33064

700 MARTIN LUTHER KING JR. BLVD.
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

650133141

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, DOYLE P SR
700 MARTIN LUTHER KING JR. BLVD.
POMPANO BEACH FL 33064

81 Name

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

700002708097--0

83

-12/09/98--01113--018

84 City

*****70.00 *****70.00

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCOTT, DOYLE P SR
STREET ADDRESS 2643 NW 9TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33069

1.1 TITLE PD
1.2 NAME SCOTT, DOYLE P SR
1.3 STREET ADDRESS P.O. Box 2231 - N/A
1.4 CITY-ST-ZIP Pompano Bch FL 33060

TITLE SD
NAME SCOTT, LINDA B
STREET ADDRESS 2643 NW 9TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33069

2.1 TITLE SD
2.2 NAME SCOTT, LINDA B
2.3 STREET ADDRESS P.O. Box 2231 - N/A
2.4 CITY-ST-ZIP Pompano Bch FL 33060

TITLE TD
NAME RICKS, DONALD A
STREET ADDRESS 248 NW 4TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHERMAN, LILLIE R
STREET ADDRESS 647 NW 2ND WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33441

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME DEYOUNKS, ROGER
STREET ADDRESS 165 SW 3RD COURT
CITY-ST-ZIP DEERFIELD BEACH FL 33441

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GANT, CHARLES
STREET ADDRESS 106 NW 10TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

6.1 TITLE
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.

SIGNATURE:

DOYLE P. SCOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/98

Date

9547851224

Daytime Phone #

0014284

CR2E037 (5/98)