

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**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90066 028 \*\*\*\*70.00

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**DOCUMENT # N97000000900**

1. Corporation Name

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

Principal Place of Business

**700 MARTIN LUTHER KING JR. BLVD.  
POMPAÑO BEACH FL 33064**

Mailing Address

**700 MARTIN LUTHER KING JR. BLVD.  
POMPAÑO BEACH FL 33064**



2. Principal Place of Business

**21 704 MLK Jr. Blvd.**

2a. Mailing Address

**26 P.O. Box 2231**

3. Date Incorporated or Qualified

**02/13/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0733141**

Applied For

Not Applicable

City & State

**23 Pompano Beach, FL**

City & State

**28 Pompano Beach, FL**

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

**704 Martin Luther King Jr. Blvd.**

83

84 City

**FL**

85 Zip Code

**33060**

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	PD	<input type="checkbox"/> DELETE
NAME	SCOTT, DOYLE P SR	
STREET ADDRESS	P.O. BOX 2231 N/A	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOTT, LINDA B	
STREET ADDRESS	P.O. BOX 2231 N/A	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICKS, DONALD A	
STREET ADDRESS	248 NW 4TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SCOTT, DOYLE P SR / President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/99**

Date

**954785-1224**

Daytime Phone #

CR2E037 (11/98)