

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001596 (2)**

1. Corporation Name

**OPERATION H.O.P.E. COMMUNITY OUTREACH, INC.**

Principal Place of Business

Mailing Address

**2085 NW 97TH ST  
MIAMI FL 33147**

**2085 NW 97TH ST  
MIAMI FL 33147**

3. Date Incorporated or Qualified

**03/17/1997**

4. FEI Number

**65-0762429**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **9730 N.W. 20th Ave.**

**22** City & State

Suite, Apt. #, etc.

**27** City & State  
**Miami, FL 33147**

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

**DUREN, ALTHEA  
2085 NW 97TH ST  
MIAMI FL 33147**

**81** Name **Selwyn Scott**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**2085 N.W. 97th Street**

**83**

**84** City **Miami**

**FL**

**85** Zip Code  
**33147**

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

**4/24/98**

Signature, typed or printed name of registered agent, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SCOTT, SELWYN**  
STREET ADDRESS **2085 NW 97TH ST**  
CITY-ST-ZIP **MIAMI FL 33147**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **DUREN, ALTHEA**  
STREET ADDRESS **8327 NE 2ND CT**  
CITY-ST-ZIP **MIAMI FL 33138**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **STORR-BOWDEN, SHARON**  
STREET ADDRESS **512 NW 107 ST**  
CITY-ST-ZIP **MIAMI FL 33168**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **T**  
3.3 STREET ADDRESS **Theresa Golden**  
3.4 CITY-ST-ZIP **15230 N.W. 31st Ave.  
Miami, FL 33054**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 or on an attachment with an address.

SIGNATURE:

**4/24/98**

CR2E037 (10/97)