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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000001596

1. Corporation Name

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

Principal Place of Business

2085 NW 97TH ST
MIAMI FL 33147

Mailing Address

9730 N W 20TH AVENUE
MIAMI FL 33147
US



2. Principal Place of Business

21 9730 N.W. 20th Ave.

22 Suite, Apt. #, etc.

23 City & State
Miami, FL

24 Zip
33147

Country
25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country
30

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0762429

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

9. Name and Address of Current Registered Agent

SCOTT, SELWYN
2085 N W 97TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9730 N.W. 20th Ave.

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Althea Duren
Signature, typed or printed name of registered agent and title if applicable.

Althea Duren

5/5/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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

TITLE T ☒ DELETE
NAME GOLDEN, THERESA
STREET ADDRESS 15230 NW 31ST AVENUE
CITY-ST-ZIP MIAMI FL 33054

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 CD ☒ Change ☐ Addition
3.2 NAME Isler, Bernard
3.3 STREET ADDRESS 1528 N.W. 171st Avenue
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

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: *Althea Duren* **SIGNATURE REQUIRED** Althea Duren

5/5/99 (305) 693-2600

Date Daytime Phone #

CR2E037 (11/98)