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FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000001795 (0)

1. Corporation Name

HIGHER HOPE DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

114 GARDENS DRIVE  
STE 201  
POMPANO BEACH FL 33063

114 GARDENS DRIVE  
STE 201  
POMPANO BEACH FL 33063

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

65-0748422

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

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

10. Name and Address of New Registered Agent

JONES, KELVIN E  
114 GARDENS DRIVE  
STE 201  
POMPANO BEACH FL 33063

81 Name

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

83

84 City

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 JONES, KELVIN E  
STREET ADDRESS 114 GARDENS DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33063

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

TITLE SD  
NAME HANNA, TRENELL  
STREET ADDRESS 4120 NW 21ST ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

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

TITLE TD  
NAME GADSON, WILLIE F  
STREET ADDRESS 3490 NW 35TH ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

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

TITLE D  
NAME JONES, ROSA M  
STREET ADDRESS 3470 NW 4TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE D  
NAME GADSON, ROSE B  
STREET ADDRESS 3490 NW 35TH ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

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

TITLE D  
NAME WARD, IRIS D  
STREET ADDRESS 7280 NW 18TH ST  
CITY-ST-ZIP PLANTATION FL 33313

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:

Kelvin E Jones 2/24/98 954  
971-6719

CR2E037 (10/97)