

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001795			
1. Corporation Name HIGHER HOPE DEVELOPMENT CENTER, INC.			
Principal Place of Business 114 GARDENS DRIVE STE 201 POMPANO BEACH FL 33063		Mailing Address 114 GARDENS DRIVE STE 201 POMPANO BEACH FL 33063	
2. Principal Place of Business 21 3559 Canary Palm Court Suite, Apt. #, etc. 22 201 City & State 23 Pompano Beach Zip 24 33063		2a. Mailing Address Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US	
3. Date Incorporated or Qualified 03/28/1997		4. FEI Number 65-0748422	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JONES, KELVIN E 114 GARDENS DRIVE STE 201 POMPANO BEACH FL 33063		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.		5/2/99	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. KELVIN E JONES - President		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, KELVIN E 114 GARDENS DRIVE POMPANO BEACH FL 33063	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Kelvin E Jones 3559 Canary Palm Court
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANNA, TRENELL 4120 NW 21ST ST LAUDERDALE LAKES FL 33313	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GADSON, WILLIE F 3490 NW 35TH ST LAUDERDALE LAKES FL 33309	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	David Yap - Treasurer - Director 1055 NW 7th Street Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROSA M 3470 NW 4TH COURT FORT LAUDERDALE FL 33311	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADSON, ROSE B 3490 NW 35TH ST LAUDERDALE LAKES FL 33309	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, IRIS D 7260 NW 16TH ST 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature, typed or printed name of signing officer or director

President 5/2/99  
954-971-8823  
Daytime Phone #

CR2E037 (11/98)