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Jan 21, 1999 8:00am

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 # N97000005277

1. Corporation Name

LAST HOPE COMMUNITY COUNSELING SERVICE, INC.

Principal Place of Business

3701 SAVOY LN. #D
WEST PALM BEACH FL 33417

Mailing Address

3701 SAVOY LN. #D
WEST PALM BEACH FL 33417



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0748427	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KING, DEIDRA 3701 SAVOY LN. #D WEST PALM BEACH FL 33417				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.

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DEIDRA	1.2 NAME	
STREET ADDRESS	3701 SAVOY LN. #D	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, LISA	2.2 NAME	
STREET ADDRESS	2250 GUN CLUB RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, LIZZIE	3.2 NAME	
STREET ADDRESS	3960 NW 120TH WY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33412	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, CHERYL	4.2 NAME	
STREET ADDRESS	440 W 37TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANNA	5.2 NAME	
STREET ADDRESS	3658 ALDER DR. #G-2	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCE, ELAINE	6.2 NAME	
STREET ADDRESS	SANDCASTLE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33445	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: *Deidra King* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Daytime Phone #

CR2E037 (11/98)