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FILED  
Apr 27 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 # N97000005411 (0)

1. Corporation Name

HOPE; HEART ORGANIZATION FOR PARENTS & EDUCATION  
INC.



Principal Place of Business

Mailing Address

269 NW 161 AVE  
PEMBROKE PINES FL 33028

269 NW 161 AVE  
PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

65-0783450

Applied For

Not Applicable

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

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

SPRINGER PARED, GENEVIEVE  
269 NW 161 AVE  
PEMBROKE PINES FL 33028

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

*Genevieve S. Pared*

(NOTE: Registered Agent signature required when reinstating)

GENEVIEVE S. PARED

3-21-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME ROSENFELD, HOLLY  
STREET ADDRESS 675 IVES DAIRY RD, #410  
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE SD ☐ DELETE

NAME SPRINGER-PARED, GENEVIEVE  
STREET ADDRESS 269 NW 161 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE TD ☒ DELETE

NAME FLUNY-STEFAO, EILEEN DR  
STREET ADDRESS 16183 NW 15TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME MARIANNE PRIDGEN  
1.3 STREET ADDRESS 1281 NW 18TH ST.  
1.4 CITY-ST-ZIP Homestead, FL 33030

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME JACKIE HARRIPPAUL  
3.3 STREET ADDRESS 14991 SW 70TH ST.  
3.4 CITY-ST-ZIP MIAMI, FL 33193

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.

SIGNATURE

*Genevieve S. Pared*

03-21-98 105104235076

CR2E037 (10/97)