

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-15-2002 90089 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 2002



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

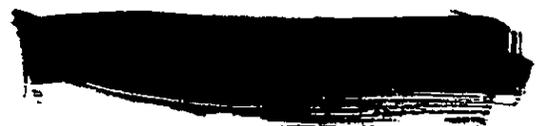
DOCUMENT # N98000001504

1. Corporation Name
BRIDGES OF HOPE, INC.

CLIENT'S COPY

Principal Place of Business
 945 W. KELLER
 HERNANDO FL 34442

Mailing Address
 945 W. KELLER
 HERNANDO FL 34442



21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	3. Date Incorporated or Qualified 03/13/1998	4. FEI Number 59-3503071	Applied For Not Applicable
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9. Name and Address of Current Registered Agent

VELDWJK, CLARENA
 945 W. KELLER
 HERNANDO FL 34442

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D President	NAME VELDWJK, CLARENA	1.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	1.2 NAME	
TITLE D Treasurer	NAME VELDWJK, ROBERTUS	1.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	1.4 CITY-ST-ZIP	
TITLE D	NAME CASTANO, CLAUDIA	2.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	2.2 NAME	
TITLE D	NAME CASTANO, CLAUDIA	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	2.4 CITY-ST-ZIP	
TITLE D	NAME CASTANO, CLAUDIA	3.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	3.2 NAME	
TITLE D	NAME CASTANO, CLAUDIA	3.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	3.4 CITY-ST-ZIP	
TITLE D	NAME CASTANO, CLAUDIA	4.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	4.2 NAME	
TITLE D	NAME CASTANO, CLAUDIA	4.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	4.4 CITY-ST-ZIP	
TITLE D	NAME CASTANO, CLAUDIA	5.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	5.2 NAME	
TITLE D	NAME CASTANO, CLAUDIA	5.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	5.4 CITY-ST-ZIP	
TITLE D	NAME CASTANO, CLAUDIA	6.1 TITLE	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	6.2 NAME	
TITLE D	NAME CASTANO, CLAUDIA	6.3 STREET ADDRESS	Change Addition
STREET ADDRESS 945 W. KELLER	CITY-ST-ZIP HERNANDO FL 34442	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] 05/02/02 (352)746-2928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #