

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90134 018 ****61.25

DOCUMENT # N98000001504

1. Entity Name
BRIDGES OF HOPE, INC.



Principal Place of Business

**945 W. KELLER ST.
HERNANDO FL 34442**

Mailing Address

**945 W. KELLER ST.
HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3503071**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELDWIJK, CLARENA
945 W. KELLER
HERNANDO FL 34442**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	VELDWIJK, CLARENA	
STREET ADDRESS	945 W. KELLER	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VELDWICK, ROBERTUS	
STREET ADDRESS	945 W. KELLER	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTELLANOS, DIANA	
STREET ADDRESS	8889 FORT JEFFERSON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ- VARGAS, ALVARO	
STREET ADDRESS	945 W. KELLER STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSARIO, RAQUEL	
STREET ADDRESS	536 RAPIDFALL DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	JALTINO, MARY	
STREET ADDRESS	PO BOX 183	
CITY-ST-ZIP	FLORAL CITY FL 34436	

TITLE	Project coordinator (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Magda Briceño	
STREET ADDRESS	945 W. KELLER ST.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-20-03 (352)746-2928

CR2E037 (10/02)