

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004617

1. Corporation Name

HOPE FOR THE HANDICAPPED INTERNATIONAL, INC.

Principal Place of Business

120 ROBERTS LANE
PALATKA, FL 32177

Mailing Address

PO BOX 1607
PALATKA FL 32178

change to:

2. Principal Place of Business

21 722 MC CLELLAN ST

Suite, Apt. #, etc.

22 PALATKA, FL

City & State

23

Zip

24 32177

Country

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

PENDING 59-3592539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

ROBIN J. RICKS

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

722 MC CLELLAN ST

83

84 City

PALATKA

FL

85

Zip Code

32177

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

TITLE PD ☐ DELETE

NAME RICKS, JEAN A
STREET ADDRESS 120 ROBERTS LANE
CITY-ST-ZIP PALATKA FL 32177

TITLE FD ☐ DELETE

NAME REID, J. PAUL III
STREET ADDRESS 1543 SAN MARCO BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE STD ☐ DELETE

NAME RICKS, ROBIN J
STREET ADDRESS 120 ROBERTS LANE
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ DELETE

NAME MARLOWE, WEBSTER
STREET ADDRESS 120 KIRKLAND STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME JEAN A RICKS

1.3 STREET ADDRESS

510 6TH ST

1.4 CITY-ST-ZIP

JACKSON, MN 56143

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME RICKS, ROBIN J.

3.3 STREET ADDRESS

722 MC CLELLAN ST

3.4 CITY-ST-ZIP

PALATKA, FL 32177

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

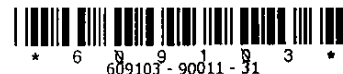
Date

Daytime Phone #

507-847-4973

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90182 024 ****61.25



CR2E037 (5/99)