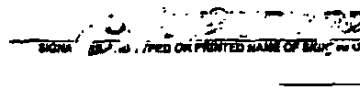


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90039 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004931					
1. Corporation Name THE H.O.P.E. PROJECT CORPORATION					
Principal Place of Business 3401 PGA BOULEVARD SUITE 310 PALM BEACH GARDENS FL 33410			Mailing Address 3401 PGA BOULEVARD SUITE 310 PALM BEACH GARDENS FL 33410		
2. Principal Place of Business 21 Suba, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suba, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 08/27/1998 4. FEI Number 65-0859412 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 Trust Fund Contribution	
8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			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 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS ☐ DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME THAYER, KRISTINE J STREET ADDRESS 3401 PGA BOULEVARD, #310 CITY-ST-ZIP PALM BEACH GARDENS FL 33410			1.1 TITLE VD 1.2 NAME HOLLY HADLEY, MD 1.3 STREET ADDRESS 1025 MILITARY TRAIL, STE 113 1.4 CITY-ST-ZIP JUPITER FL 33458		
TITLE VD NAME JOHNSON, NANCY STREET ADDRESS 3401 PGA BOULEVARD, #310 CITY-ST-ZIP PALM BEACH GARDENS FL 33410			2.1 TITLE STD 2.2 NAME VALIE ROSENBERG 2.3 STREET ADDRESS 3410 PGA BLVD, STE 310 2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		
TITLE VD NAME JOHNSON, NANCY STREET ADDRESS 3401 PGA BOULEVARD, #310 CITY-ST-ZIP PALM BEACH GARDENS FL 33410			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE STD NAME NORTH, JASON STREET ADDRESS 3401 PGA BOULEVARD, #310 CITY-ST-ZIP PALM BEACH GARDENS FL 33410			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE (PRINT OR PRINTED NAME OF EMPLOYEE OR OFFICER OR DIRECTOR)

3 June 99 561-776-7303

Daytime Phone #

CR2E037 (1/98)