

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004931

FILED
Mar 22, 2005
Secretary of State

Entity Name: THE H.O.P.E. PROJECT CORPORATION

Current Principal Place of Business:

621 CLEARWATER PARK RD
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

621 CLEARWATER PARK RD
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0859412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHATYRITZ, MARYANNE
621 CLEARWATER PK ROAD
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HADLEY, HOLLY
Address: 13901 US HWY #1
City-St-Zip: JUNO BEACH, FL 33408

Title: PDVD () Delete
Name: BONE, MELANIE
Address: 550 S QUADRILLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: PELTZIE, KEN
Address: 2260 RABBIT HOLLOW CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PELTZIE, KENNETH
Address: 2260 RABBIT HOLLOW CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD (X) Change () Addition
Name: HENDERSON, LESLYE
Address: 7744 DAWSON CT
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: BOHATYRITZ, MARYANNE
Address: 621 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANNE BOHATYRITZ

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date