

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

DOCUMENT # **N98000004931**

1. Entity Name

THE H.O.P.E. PROJECT CORPORATION



**FILED
Aug 21, 2003 8:00 am
Secretary of State**

0010590

08-21-2003 90107 034 ****61.25

Principal Place of Business

5 HARVARD CIRCLE

STE 110

WEST PALM BEACH FL 33409

Mailing Address

5 HARVARD CIRCLE

STE 110

WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

621 CLEARWATER PARK RD. (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB, FL

Zip

33401

Country

Zip

Country

4. FEI Number **65-0859412**

Applied For

Not Applicable

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

Name

BOHATYRITZ, MARYANNE

5 HARVARD CR

STE 110

WEST PALM BEACH FL 33409

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

621 CLEAR WATER PK. ROAD

City

WPB, FL

FL

33401

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

After September 10, 2003, min will be \$236.25

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADLEY, HOLLY		NAME	
STREET ADDRESS	13901 US HWY #1		STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP	
TITLE	PDVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, MELANIE		NAME	
STREET ADDRESS	550 S QUADRILLE		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELTZIE, KEN		NAME	
STREET ADDRESS	2260 RABBIT HOLLOW CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Maryanne Bohatyrtz (MARYANNE BOHATYRITZ) 8/4/03 659-4278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (4/03)