

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007292

FILED
Sep 14, 2004
Secretary of State

Entity Name: WATSON'S FOUNDATION, PROJECT H.O.P.E. INC.

Current Principal Place of Business:

16183 S.W. 108TH AVE.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16183 S.W. 108TH AVE.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0881640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, DOROTHY
16183 SW 108TH AVE.
MIAMI, FL 33157 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: D () Delete
Name: WATSON, JOSEPH
Address: 16183 S.W. 108TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: BETHUNE, YOLANDA
Address: 2445 N.W. 62ND ST
City-St-Zip: MIAMI, FL 33147

Title: TD () Delete
Name: PEARSON, POLLY
Address: 2373 N.W. 66TH ST.
City-St-Zip: MIAMI, FL 33147

Title: VPD () Delete
Name: JONES, WILLIE
Address: 2261 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: WATSON, RICHARD
Address: 3318 NW 53RD ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOROTHY WATSON

P

09/14/2004

Electronic Signature of Signing Officer or Director

Date