
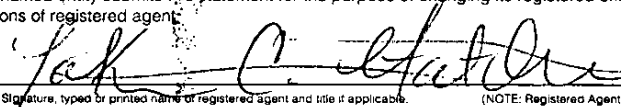
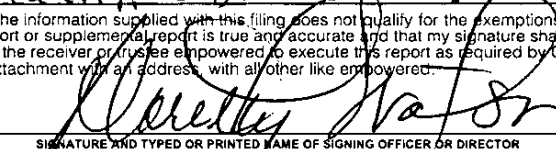


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 006 ****70.00

DOCUMENT # N98000007292 1. Entity Name WATSON'S FOUNDATION, PROJECT H.O.P.E. INC.			
Principal Place of Business 16183 S.W. 108TH AVE. MIAMI, FL 33157		Mailing Address 16183 S.W. 108TH AVE. MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box # 1429 NW 2nd Ct.		3. Mailing Address 1429 NW 2nd Ct.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Florida City, FL		City & State Florida City, FL	
Zip 33034		Zip 33034	
Country USA		Country USA	
4. FEI Number 65-0881640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, DOROTHY 16183 SW 108TH AVE. MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Takeless Hatcher Street Address (P.O. Box Number is Not Acceptable) 1429 NW 2nd Ct City Florida City, FL Zip Code 33034	
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  DATE 4/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME WATSON, JOSEPH STREET ADDRESS 16183 S.W. 108TH AVE. CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE Alicia Allen NAME 880 SE 8th STREET ADDRESS Florida City, FL 33034 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BETHUNE, YOLANDA STREET ADDRESS 2445 N.W. 62ND ST CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	TITLE Gina Smith NAME Florida City, FL 33034 STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PEARSON, POLLY STREET ADDRESS 2373 N.W. 66TH ST. CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	TITLE Kelli Hunter NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME JONES, WILLIE STREET ADDRESS 2261 NW 58TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE Mack Allen NAME 222 SW 6th STREET ADDRESS Florida City, FL 33034 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WATSON-RICHARDSON, ANGEL A STREET ADDRESS 338 NW 53RD ST CITY-ST-ZIP MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE Gail Brown NAME P.O. Box 33197 STREET ADDRESS Miami, FL 33197 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEO NAME Takeless Hatcher STREET ADDRESS 1429 NW 2nd Ct CITY-ST-ZIP Florida City, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 4/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	