

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 SEP 28 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/07/09 01028 019 \$133.00



REINSTATEMENT

08-09

DOCUMENT # N98000007292 1. Entity Name WATSON'S FOUNDATION, PROJECT H.O.P.E. INC.			
Principal Place of Business 1429 NW 2ND CT FLORIDA CITY, FL 33034		Mailing Address 1429 NW 2ND CT FLORIDA CITY, FL 33034	
2. Principal Place of Business - No P.O. Box # 1429 NW 2nd Ct Suite, Apt. #, etc.		3. Mailing Address 1429 NW 2nd Ct. Suite, Apt. #, etc.	
City & State Florida City, FL Zip 33034		City & State Florida City, FL Zip 33034	
Country USA		Country USA	
4. FEI Number 65-0881640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, TAKEVESS 1429 NW 2ND CT PEMBROOKE PINES, FL 33034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete NAME ALLEN, ALICIA STREET ADDRESS 880 SE 8 CT CITY-ST- ZIP HOMESTEAD, FL 33034	TITLE Chair/President <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Michelle Neal STREET ADDRESS 3370 NE 13 Circle Dr #110 CITY-ST- ZIP Homestead, FL 33033	TITLE SD <input type="checkbox"/> Delete NAME SMITH, GINA STREET ADDRESS 2445 N.W. 62ND ST CITY-ST- ZIP FLORIDA CITY, FL 33034	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kelli Hunter STREET ADDRESS 2373 Nw 66th St CITY-ST- ZIP Miami, FL 33147
TITLE VPD <input type="checkbox"/> Delete NAME ALLEN, MACK STREET ADDRESS 222 SW 6 CT CITY-ST- ZIP FLORIDA CITY, FL 33034	TITLE Director/Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mack C. Allen STREET ADDRESS 222 SW 6th Ct CITY-ST- ZIP Florida City, FL 33034	TITLE D <input checked="" type="checkbox"/> Delete NAME BROWN, GAIL STREET ADDRESS PO BOX 9 CITY-ST- ZIP MIAMI, FL 33197	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Huel J. Neal STREET ADDRESS 3370 NE 13 Circle Dr. #110 CITY-ST- ZIP Homestead, FL 33033
TITLE CEO <input type="checkbox"/> Delete NAME HATCHER, TAKEVESS STREET ADDRESS 1429 NW 2ND CT CITY-ST- ZIP FLORIDA CITY, FL 33034	TITLE NAME STREET ADDRESS CITY-ST- ZIP	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/17/09 Daytime Phone #	

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