

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003699

**FILED**  
**Jan 11, 2004**  
**Secretary of State****Entity Name:** HOPE FELLOWSHIP OF TAMPA, INC.**Current Principal Place of Business:**4405 ENDICOTT PLACE  
TAMPA, FL 33624**New Principal Place of Business:****Current Mailing Address:**4405 ENDICOTT PLACE  
TAMPA, FL 33624**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCAULIFFE, JOSEPH R  
4405 ENDICOTT PLACE  
TAMPA, FL 33624 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: MCAULIFFE, JOSEPH R REV.  
Address: 4405 ENDICOTT PLACE  
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete  
Name: ROGERS, KENT (K.Y.)  
Address: 19020 CHEMILLE DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: SHORT, PAUL R  
Address: 1214 W. BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

**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:

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: JOSEPH R. MCAULIFFE

PD

01/11/2004

Electronic Signature of Signing Officer or Director

Date