

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005871

FILED  
Feb 13, 2004  
Secretary of State

Entity Name: HOPE COMMUNITY CHURCH OF BROWARD, INC.

## Current Principal Place of Business:

222 N FEDERAL HWY  
DANIA BEACH, FL 33004

## New Principal Place of Business:

700 SOUTH FEDERAL HIGHWAY  
DANIA BEACH, FL 33004 43

## Current Mailing Address:

PO BOX 1857  
DANIA BEACH, FL 33004

## New Mailing Address:

700 SOUTH FEDERAL HIGHWAY  
DANIA BEACH, FL 33004 43

FEI Number: 65-0952205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULLMAN, GARY  
161 NW 34 STREET  
OAKLAND PARK, FL 33309 US

## Name and Address of New Registered Agent:

FULLMAN, GARY  
700 SOUTH FEDERAL HIGHWAY  
DANIA BEACH, FL 330044380 US

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: GARY FULLMAN

02/13/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRITZ, GREG  
Address: 8820 SOUTHERN ORCHARD RD  
City-St-Zip: DAVIE, FL 33328

Title: ST ( ) Delete  
Name: FULLMAN, GARY  
Address: 161 NW 34 STREET  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete  
Name: DAIZOVI, JOHN  
Address: 232 SE 6 STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: D (X) Delete  
Name: CINELLI, VICTOR  
Address: 355 SE 6 STREET  
City-St-Zip: DANIA BEACH, FL 33004

## 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:

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: GARY FULLMAN

RA

02/13/2004

Electronic Signature of Signing Officer or Director

Date