

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

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1. Entity Name

HPF'S BEACON OF HOPE, INC.



Principal Place of Business

3501 W. VINE STREET
#321
KISSIMMEE, FL 34743

Mailing Address

3501 W. VINE STREET
#321
KISSIMMEE, FL 34743



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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3731317

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75

0000000000
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6. Name and Address of Current Registered Agent

FENNELYS, HONEY
2026 LOCUST BERRY DR.
KISSIMMEE, FL 34743

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 0.000000
0.0000000000

U000000125958
04/23/04-80014-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME FENNELY, HONEY P
STREET ADDRESS 2026 LOCUST BERRY DR
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE VP
NAME FENNELY, FRANKLYN
STREET ADDRESS 20226 LOCUST BERRY DR
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE VP
NAME WALLACE, PHILLIPE
STREET ADDRESS 2026 LOCUST BERRY DR
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 407 870-8075