
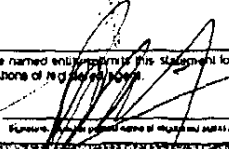
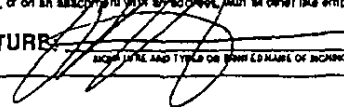


Copy of appl. you mailed  
on 6/18/03  
Rec'd on 6/22/03

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90136 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                  |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P01000007555</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                 |         |
| 1. Entity Name<br>HPF'S BEACON OF HOPE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                  |         |
| Principal Place of Business<br>3501 W. VINE STREET<br>#321<br>KISSIMMEE, FL 34743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Mailing Address<br>3501 W. VINE STREET<br>#321<br>KISSIMMEE, FL 34743                                                            |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | 3. Mailing Address                                                                                                               |         |
| State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | State, Apt. #, etc.                                                                                                              |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | City & State                                                                                                                     |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country              | Zip                                                                                                                              | Country |
| 4. Name and Address of Current Registered Agent<br>FENNELYS, HONEY<br>2026 LOCUST BERRY DR.<br>KISSIMMEE, FL 34743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 5. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |         |
| 6. The above named entity certifies 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 registration.                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                  |         |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | DATE                                                                                                                             |         |
| 7. Election Campaign Financing<br>True Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                  |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PT                   | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FENNELY, HONEY P     |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2026 LOCUST BERRY DR |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | KISSIMMEE, FL 34743  |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP                   | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FENNELY, FRANKLYN    |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2026 LOCUST BERRY DR |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | KISSIMMEE, FL 34743  |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP                   | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WALLACE, PHILLIPE    |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2026 LOCUST BERRY DR |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | KISSIMMEE, FL 34743  |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Delete                                                                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                  |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(1), 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 reporting entity and am 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 my address, with all other like empowered. |                      |                                                                                                                                  |         |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                  |         |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                  |         |
| Expiring Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                  |         |

55050081

CFR0034 (10/02)



Honey P. Fennelys  
President/CEO  
June 22, 2003

ATTACHMENT

**HPF's Beacon of Hope, Inc.**  
Immigration & Mediation Serv. Consultants

35050081

#P01000007555

Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Re: HPF's Beacon of Hope, Inc  
UBR submission/fee payment  
Reference Number **P01000007555**

Dear Sir/Madam:

Please accept this letter on behalf of our agency . We submitted our yearly application and fee for \$150.00 back in April. The check number 1074 was issued for that payment.

Our accountant told us that we appeared as if had not paid our yearly fee, we gave him the check number and re-issue another check #1075 to cover for the previous check, even if your agency had cashed it or not.

Today we receive the enclosed letter stating we did not file our application and didn't paid the \$150.00 dollars therefore we are being penalized with the \$400.00 penalty fee. We did file see copy of our application we usually keep copies of applications and also checks since we don't receive back from the bank, thus ensuring we have proof of payment. We followed our accountant advice to re-issue another check just in case our had been misplaced, we did that.

Please accept this copies of said documents, the UBR has corrections on the officers names, as well as the first application mailed. We did complied with the dateline and paid on time.

If further information or questions are needed, do not hesitate to contact us. We will happy to assist in this quest for clarification. Thank You very much.

Respectfully Yours,

Honey Fennelys,  
President/CEO