## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000037038 (3) DOCUMENT # 1. Corporation Name

PROJECT HOPE, INC.



Principal Place of Business Mailing Address							**** ***** *****				
421 12TH PLACE S.E. VERO BEACH FL 32962			421 12TH PLACE S.E. VERO BEACH FL 32962								
							3. Date Incorporated or Qualified 05/08/1995	3a. Date	of Last F	Report	
2. Principal Pla	ace of Business	<del></del>	Mailing Address				4. FEI Number			Applied For	
Suite, Apt.	# oto	26	Suite, Apt. #, etc.				593314156		<b>60 7</b>	Not Applicable	
22		27	]				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		20	City & State				Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
	Zip Country		Zip Cou					has liability for intangible tax under s 199.032,			
24	25		30		,		Florida Statutes Yes No				
	<ol><li>Name and Address of Current</li></ol>	Regis	tered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F	legistered	Agent		
					81	Name					
ROSENBERG, LORETTA 421 12TH PLACE S.E. VERO BEACH FL 32962					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
					83		<del></del>				
					84	City			85 Z	ip Code	
	10	-1.00	7 (600 Et 14 De 1					FL	1.1.		
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such	i change was authoriz	ed by the c	orpa	oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	ointment as	registere	d agent. I am	
SIGNATURE _	Signature, typed or protect name of registere trager tra	not title it v	acmorana INT	II. Biolisteren	Anen	it signature required	t when remainstant	DATE			
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	
TITLE	PTD		DELETE	1, 1 7:	TLE		AND THE CONTROL OF THE PERSON	]	Change	☐ Addition	
NAME	ALCALDE, R. RAGUDO			1.2 NA	MΞ						
STREET ADDRESS	7683 CHARLESTON WAY			13 SI	REFT	ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		F7 00: 575	140		5T - ZIF			7.05	D Mee.	
TITLE	VS		☐ DELETE	2 1 11				ι	]] Change	☐ Addition	
NAME OFFICE ADODESIS	ROSENBERG, LORETTA 421 12TH PLACE S.E.			2 2 NA		IDDD5000					
STREET ADDRESS CITY-ST-ZIP	VERO BEACH FL 32962			2401		ADDRESS					
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CITY-ST-ZIP				3.4 Cr	۱۲۰S	i I - ZiP					
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NAME				4.2 N/	ME						
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CITY-S1-ZIP				4.4.CI		ST - Z'P			= =		
TITLE			☐ DELETE	5 ! TI		}		Ĺ	Change	☐ Addition	
NAME				5 2 NA							
STREET ADDRESS						ADDRESS					
CITY-SI-ZIP TITLE			DELETE	5 4 CI		ST-ZiP	Take the state of the second of the second s		Change	Addition	
NAMÉ			C) better	62 NA					↑ Auguste		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				64 01							
	y certify that the information supplied v.	il i lbis	filing is voluntarily furn				or the examption stated in Section 119	07(3)(k) Eld	rida Stati	ites I further	

I do bereby certify that the information supplied will it first ling is voluntarily furnished and does not quality for the exemption stated in Section 119:07(5)(k), Florida Statutes. I furner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

Josetta Rosenberg, Loretta Rosenberg, sonature and typed or printed name of signing officer on director

Daytime Phone #

CR2E034 (12/95)