

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000053956 (4)**

1. Corporation Name

**A HOME OF FAITH, LOVE, & HOPE, INC.**

97 OCT -6 AM 10:56



Principal Place of Business

**8117 NORTH 11TH STREET  
TAMPA FL 33604**

Mailing Address

**8117 NORTH 11TH STREET  
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/24/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21 **8117 North 11th Street**

Suite, Apt. #, etc. **N/A**

City & State

23 **Tampa, FL**

24 **33604**

Country

25 **America**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc. **N/A**

City & State

28 **Tampa, FL**

29 **33604**

Country

30 **America**

9. Name and Address of Current Registered Agent

**LEWIS, EMMA L  
8117 NORTH 11TH STREET  
TAMPA FL 33604**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, EMMA L</b>	
STREET ADDRESS	<b>8117 NORTH 11TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Emma L. Lewis*

*09/16/97 0139121435*

CR2E034 (4/97)

(2)

10/2/97  
8117 N. 11<sup>th</sup> Street  
Tampa, FL 33604  
Emma L. Lewis

TO: Sandra B. Mortham  
Secretary of State  
Division of Corporations  
RE: Document # 96000053956 (4)  
A Home of Faith, Love, & Hope INC.

I Am writing this letter to inform your office I am sending check for \$65.00 Filing Fee. Also to let your office know you did not receive my Filing Fee <sup>packet</sup> that was due in Jan. 97 because I did not receive the packet until the Final Notice, that was due in September 97. I had not sent it in.

I can assure this matter in the future will be given all my attention.

Thank you  
Emma L. Lewis  
1-813-915-1210 Home  
1-813-948-1435 work