#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100005086

Entity Name: NATIONAL HOUSE OF HOPE, INC.

**Current Principal Place of Business:** 

2020 36TH ST

ORLANDO, FL 32839

Jan 27, 2015 Secretary of State CC0775495056

**FILED** 

## **Current Mailing Address:**

PO BOX 560503

ORLANDO, FL 32856

FEI Number: 59-3740026 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

TROLLINGER, SARA E MS. 2020 36TH STREET ORLANDO, FL 32839 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIR Title DIR

Name HUGHES, JACK TREAS Name TROLLINGER, SARA E PRES

Address 1378 CARPERS FARM WAY Address 2036 36TH STREET

City-State-Zip: VIENNA VA 22182 City-State-Zip: ORLANDO FL 32839

Title DIR Title DIR

NameGABRI, DAVE SECNameSTAVER, MATHEWAddress9714 GREEN ISLAND COVEAddress116 HAMLIN T LANE

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CHAIR Title DIRECTOR

NameSTRAUB, JOSHUANameDORNBUSCH, RAYAddress198 GABBY LANEAddress101 E BAY COURT

City-State-Zip: WALNUT SHADE MO 65771 City-State-Zip: TRAVERSE CITY MI 49686

Title DIRECTOR Title DIRECTOR

NameVANLIERE, DONNANameTHOMAS, MARILYNAddress1036 JOHN WILLIAMS RDAddress3508 W 89TH STREETCity-State-Zip:FRANKLIN TN 37067City-State-Zip:LEAWOOD KS 66206

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I hereby 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 all other like empowered.

SIGNATURE: SARA TROLLINGER PRESIDENT 01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name MINTLE, LINDA

Address 1044 GRAND OAKS DR
City-State-Zip: FOREST VA 24551