

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 11, 2018
Secretary of State
CC2665640004

Entity Name: NATIONAL HOUSE OF HOPE, INC.

Current Principal Place of Business:

2020 36TH ST
ORLANDO, FL 32839

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
Name TROLLINGER, SARA E PRES
Address 2036 36TH STREET
City-State-Zip: ORLANDO FL 32839

Title CHAIRMAN
Name STAVER, MATHEW
Address 116 HAMLIN T LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DORNBUSCH, RAY
Address 101 E BAY COURT
City-State-Zip: TRAVERSE CITY MI 49686

Title DIRECTOR
Name THOMAS, MARILYN
Address 3508 W 89TH STREET
City-State-Zip: LEAWOOD KS 66206

Title DIRECTOR
Name LOYD, RICK
Address PO BOX 3290
City-State-Zip: PADUCAH KY 42002

Title DIRECTOR
Name PULLUM, STEVE
Address 250 INTERNATIONAL PKWY, SUITE 340
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name CARRILLO, KATHY
Address PO BOX 2466
City-State-Zip: UMATILLA FL 32784

Title DIRECTOR
Name STRAWBERRY, TRACY
Address 81 BEEHIVE DR
City-State-Zip: ST. CLOUD FL 34769

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

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date