

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005086

**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           DIRECTOR  
Name           TROLLINGER, SARA E  
Address        2573 STONEVIEW ROAD  
City-State-Zip: ORLANDO FL 32806

Title           CHAIRMAN  
Name           COPE, GEORGE DR.  
Address        2020 36TH ST  
City-State-Zip: ORLANDO FL 32839

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

Title           PRESIDENT  
Name           MATHIS, KARLA  
Address        2020 36TH ST  
City-State-Zip: ORLANDO FL 32839

Title           DIRECTOR  
Name           DOUGLAS, JUDY  
Address        10636 SPRING BUCK TRL  
City-State-Zip: ORLANDO FL 32825

*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: KARLA MATHIS**

**PRESIDENT**

**03/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date