

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

DOCUMENT# N03000001943

**Entity Name:** HOPE INTERNATIONAL MENTORING CENTER, INC.

**Current Principal Place of Business:**

8407 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

4000 NE 169TH ST  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 56-2347261**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DORNE , CRAIG  
3132 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: CRAIG DORNE**

**02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SWILLEY, W. DUANE  
Address 326 GAIL POND DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

Title VP  
Name SWILLEY, DEBORAH L  
Address 326 GAIL POND DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

Title O  
Name SWILLEY, JOSHUA E  
Address 2776 OAK GROVE ROAD  
City-State-Zip: DAVIE FL 33328

Title O  
Name SWILLEY, KEREN  
Address 2776 OAK GROVE ROAD  
City-State-Zip: DAVIE FL 33328

Title D  
Name MARROQUIN, MARCO  
Address 2776 OAK GROVE ROAD  
City-State-Zip: DAVIE FL 33328

Title DIRECTOR  
Name DOAN, JOAN  
Address 4000 NE 169TH ST  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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: JOSHUA SWILLEY**

**OFFICER**

**02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date