Current Principal Place of Business: 8407 PINES BLVD PEMBROKE PINES, FL 33024				
Current Mai	ling Address:			
4000 NE 169 NORTH MIA	OTH ST MI 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			02/07/2023
Officer/Director Detail :				
Officer/Dire	Electronic Signature of Registered Agent			Date
Officer/Dire	5 5 5	Title	VP	Date
	ctor Detail :	Title Name	VP SWILLEY, DEBORAH L	Date
Title	ctor Detail : PD			Date
Title Name	ctor Detail : PD SWILLEY, W. DUANE	Name	SWILLEY, DEBORAH L 326 GAIL POND DRIVE	Date
Title Name Address	Ctor Detail : PD SWILLEY, W. DUANE 326 GAIL POND DRIVE	Name Address	SWILLEY, DEBORAH L 326 GAIL POND DRIVE	Date
Title Name Address City-State-Zip:	Ctor Detail : PD SWILLEY, W. DUANE 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045	Name Address City-State-Zip:	SWILLEY, DEBORAH L 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045	Date
Title Name Address City-State-Zip: Title	Ctor Detail : PD SWILLEY, W. DUANE 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045 O	Name Address City-State-Zip: Title	SWILLEY, DEBORAH L 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045 O	Date
Title Name Address City-State-Zip: Title Name	Ctor Detail : PD SWILLEY, W. DUANE 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045 O SWILLEY, JOSHUA E	Name Address City-State-Zip: Title Name	SWILLEY, DEBORAH L 326 GAIL POND DRIVE LAWRENCEVILLE GA 30045 O SWILLEY, KEREN 2776 OAK GROVE ROAD	Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HOPE INTERNATIONAL MENTORING CENTER, INC.

DOCUMENT# N03000001943

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

City-State-Zip: DAVIE FL 33328

MARROQUIN, MARCO

2776 OAK GROVE ROAD

Name

Address

Electronic Signature of Signing Officer/Director Detail

02/07/2023

FILED Feb 07, 2023

Secretary of State

8076148713CC

Date