

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

DOCUMENT# N05000003566

**Entity Name:** GIFT OF HOPE BREAST CANCER FOUNDATION

**Current Principal Place of Business:**

8096 VALHALLA DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

9858 CLINT MOORE RD.  
C111 #249  
BOCA RATON, FL 33496 US

**FEI Number:** 20-2632171

**Certificate of Status Desired:** Yes

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

DEREK A. SCHWARTZ, P.A.  
1900 N.W. CORPORATE BOULEVARD  
SUITE 225 WEST  
BOCA RATON, FL 33431 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 D  
Name FRIEDMAN, HOPE  
Address 8096 VALHALLA DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name ROMASH, RANDY  
Address 57 ANTON DRIVE  
City-State-Zip: CARMEL NY 10512

Title D  
Name DUBENSKY, GAYLE  
Address 43 RIDGE ROAD  
City-State-Zip: ARDSKY NY 10502

Title C  
Name HASLUCK, JOHN  
Address 5 ADAMS RD  
City-State-Zip: OCEAN RIDGE FL 33435

Title FUNDRAISING  
Name MARCUS, JAMIE  
Address 8036VALHALLA DR  
City-State-Zip: DELRAY BEACH FL 33446

Title FUNDRAISING  
Name EVANS, SUSANNE  
Address 16249 MIRA VISTA LN  
City-State-Zip: DELRAY BEACH FL 33446

*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:** HOPE FRIEDMAN

**DIRECTOR**

**03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date