

2021 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:** No**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	OSIECKI, MARY ELLEN
Address	15992 DOUBLE EAGLE TRAIL
City-State-Zip:	DELRAY BEACH FL 33446

Title	C
Name	ZIMMERMAN, KATHY
Address	12349 MELROSE WAY
City-State-Zip:	BOCA RATON FL 33428

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

Title	C
Name	BAILEY, JUDITH
Address	16040 BRIER CREEK DR
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****02/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date