

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001928

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC1675734528**

**Entity Name:** HOPE FOR CHILDREN INTERNATIONAL, INC.

**Current Principal Place of Business:**

5332 MILL STREAM DRIVE  
ST. CLOUD, FL 34771

**Current Mailing Address:**

5332 MILL STREAM DRIVE  
ST. CLOUD, FL 34771

**FEI Number:** 26-1568833

**Certificate of Status Desired:** No

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

OLIVO, PETER  
5332 MILL STREAM DRIVE  
ST. CLOUD, FL 34771 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 PD  
Name OLIVO, VIRGINIA N  
Address 5332 MILL STREAM DRIVE  
City-State-Zip: ST. CLOUD FL 34771

Title VD  
Name MATLOCK, DUKE  
Address 1650 LORALYN DRIVE  
City-State-Zip: KISSIMMEE FL 34744

Title TD  
Name SKALAMERA, JOSEPH  
Address 2387 NEPTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title SD  
Name MOODY, VANCE  
Address 5332 MILL STREAM DRIVE  
City-State-Zip: ST. CLOUD FL 34771

*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:** VIRGINIA N. OLIVO

**PD**

**03/07/2014**

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

\_\_\_\_\_  
Date