# 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: JEAN H. MARCELIN

City-State-Zip: PHILADELPHIA PA 19104

Electronic Signature of Signing Officer/Director Detail

## Current Principal Place of Business: 1611 NW 85TH AVENUE

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CHILDREN'S HOPE CHEST OF DREAMS, INC.

1611 NW 85TH AVENUE PLANTATION, FL 33322

### **Current Mailing Address:**

DOCUMENT# N0700003656

1611 NW 85TH AVENUE PLANTATION, FL 33322 `

### FEI Number: 06-1820025

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

MARCELIN, JEAN H 1611 NW 85TH AVENUE PLANTATION, FL 33322 US

Electronic Signature of Registered Agent **Officer/Director Detail :** Title DP Title VP MARCELIN, JEAN H Name MARCELIN, PATRICK M Name 6645 N.W. 174 TERRACE 1611 NW 85TH AVENUE Address Address City-State-Zip: MIAMI LAKES FL 33015 PLANTATION FL 33322 City-State-Zip: Title S Title D Name PRESSOIR, ROBERT Name MARCELIN, GARY Address 9655 WOODS DRIVE UNIT 1209 Address 17425 NW 75TH PLACE SKOKIE IL 60077 City-State-Zip: City-State-Zip: MIAMI LAKES FL 33015 Title D Name MARCELIN, PASCAL 4036 SPRING GARDEN STREET Address

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

Certificate of Status Desired: No

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:

Date

01/26/2023 Date

EXECUTIVE DIRECTOR