

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007893

Entity Name: HOPE FOR FAMILIES CHARITY, INC.**Current Principal Place of Business:**130 S INDIAN RIVER DR
STE 301
FORT PIERCE, FL 34950**Current Mailing Address:**130 S INDIAN RIVER DR
STE 301
FORT PIERCE, FL 34950**FEI Number:** 27-0737470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, KENNETH N
130 S INDIAN RIVER DR SUITE 301
FORT PIERCE, FL 34950 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:** KENNETH N BROWN

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	BROWN, KENNETH N DR.
Address	5261 TREE TOP TRAIL
City-State-Zip:	FORT PIERCE FL 34951
Title	DT
Name	WHITFIELD, JIM
Address	130 S INDIAN RIVER DR STE 301
City-State-Zip:	FORT PIERCE FL 34950
Title	D
Name	FUNK, LEE DR
Address	1511 US HIGHWAY 1
City-State-Zip:	SEBASTIAN FL 34958

Title	DVP
Name	HERRON-WHITFIELD, JACKIE
Address	130 S INDIAN RIVER DR STE 301
City-State-Zip:	FORT PIERCE FL 34950
Title	DS
Name	HOLLADAY, JANN
Address	130 S INDIAN RIVER DR STE 301
City-State-Zip:	FORT PIERCE FL 34950
Title	D
Name	BROWN, LYNN M
Address	130 S INDIAN RIVER DR STE 301
City-State-Zip:	FORT PIERCE FL 34950

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: KENNETH N BROWN**PRESIDENT**

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date