

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

DOCUMENT# N08000010113

**Entity Name:** TREES OF HOPE.ORG, INC.

**Current Principal Place of Business:**

309 EAST ACRE DRIVE  
PLANTATION, FL 33317

**Current Mailing Address:**

3901 WEST BROWARD BLVD., #122195  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 26-4140561

**Certificate of Status Desired:** No

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

ESCOBAR, NICOLE JOY  
309 EAST ACRE DRIVE  
PLANTATION, FL 33317 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:** NICOLE JOY ESCOBAR

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ESCOBAR, NICOLE  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR, CHAIRMAN  
Name            YOUNG, JUSTIN  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR  
Name            TORRES, KRISTAN  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR  
Name            SLAVIC, DAVID  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR  
Name            TORRES, WILLIAM  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR  
Name            GALLO, JUAN  
Address        3901 WEST BROWARD BLVD.,  
                  #122195  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** NICOLE ESCOBAR

**PRESIDENT**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date