

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001487

**Entity Name:** DIAL HOPE FOUNDATION, INC.**Current Principal Place of Business:**2063 MAIN STREET  
SARASOTA, FL 34237**Current Mailing Address:**P O BOX 953  
SARASOTA, FL 34230 US**FEI Number:** 26-4326614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAIKOS, GILLIAN L  
7436 MYRICA DR  
SARASOTA, FL 34241 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:** GILLIAN L STAIKOS

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           ALBRIGHT, JOE  
Address        1720 OLD BEACH ROAD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            CHAIRMAN, DIRECTOR  
Name           SWICK, CANDY  
Address        7661 COVE TERRACE  
City-State-Zip: SARASOTA FL 34231

Title            TREASURER  
Name           STAIKOS, GILLIAN L  
Address        7436 MYRICA DR  
City-State-Zip: SARASOTA FL 34241

Title            TRUSTEE  
Name           CORREDOR, TANIA  
Address        3843 VIRGA BLVD  
City-State-Zip: SARASOTA FL 34233

Title            TRUSTEE  
Name           BABCOCK, ANN MOORE  
Address        P.O. BOX 66526  
City-State-Zip: HOUSTON TX 77266

Title            TRUSTEE  
Name           CURRAN, PATRICIA MANSON  
Address        501 HABEN BLVD. #1003  
City-State-Zip: PALMETTO FL 34221

Title            EXECUTIVE DIRECTOR  
Name           FRANCIOSI, TIFFANY  
Address        2239 WELLS AVE  
City-State-Zip: SARASOTA FL 34232

Title            TRUSTEE  
Name           LINDSEY, KARI  
Address        605 BLOOMFIELD WAY  
City-State-Zip: BRENTWOOD TN 37027

**Continues on page 2**

*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:** GILLIAN STAIKOS

TREASURER

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name ARROYO, ERIK  
Address 2070 RINGLING BLVD  
City-State-Zip: SARASOTA FL 34237

Title TRUSTEE  
Name SALMERON, NOEL  
Address C/O 2063 MAIN STREET  
City-State-Zip: SARASOTA FL 34237

Title TRUSTEE  
Name WALSH, KIMBERLY  
Address 7123 ROLAND OAKS CIR  
City-State-Zip: SARASOTA FL 34231