

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005673

**Entity Name:** ASSURANCE OF HOPE INSTITUTE INC.

**Current Principal Place of Business:**

5975 W SUNRISE BLVD.  
115  
SUNRISE, FL 33313

**Current Mailing Address:**

5975 W SUNRISE BLVD.  
115  
SUNRISE, FL 33313 US

**FEI Number:** 27-0323112

**Certificate of Status Desired:** No

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

SWABY S, HARON  
5975 W SUNRISE BLVD  
115  
SUNRISE,, FL 33313 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	P	Title	OFFICE
Name	SWABY, SHARON	Name	SWABY, SHARON R
Address	5975 W SUNRISE BLVD.	Address	5975 W SUNRISE BLVD
City-State-Zip:	SUNRISE FL 33313	City-State-Zip:	SUNRISE FL 33313

*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:** SHARON SWABY

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05/23/2021

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

\_\_\_\_\_  
Date