

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

DOCUMENT# N09000010658

**Entity Name:** ONEHOPE, INC.

**Current Principal Place of Business:**

600 SW 3RD ST  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

600 SW 3RD ST  
POMPANO BEACH, FL 33060 US

**FEI Number:** 27-1398241

**Certificate of Status Desired:** No

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

PAUL R. ALFIERI, P.L.  
5114 NW 57 DRIVE  
CORAL SPRINGS, FL 33067 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 DIRECTOR, PRESIDENT  
Name HOSKINS, ROB  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR, CHAIRMAN  
Name BERKEY, DALE  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title EVP  
Name RIFKA, MARWAN  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title TREASURER  
Name LARIA, JON  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title SECRETARY  
Name BRASINGTON, DEE  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name BYKER, DAVID  
Address 600 SW 3RD STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name CHAMPION, JOE  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name TCHIVIDJIAN, STEPHAN  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

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*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: ROB HOSKINS**

**PRESIDENT**

**03/10/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOSKINS, BOB  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name BUTRIN, JOANN  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR, VC  
Name GOMES, CHARLES  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name MEYER, DAVID  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name HAAS, CAROLYN  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name GRUENEWALD, BOBBIE  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name STEWART, LISA  
Address 600 SW 3RD ST  
City-State-Zip: POMPANO BEACH FL 33060