

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001586

Entity Name: FACE_OF_HOPE FOUNDATION INC.

Current Principal Place of Business:

12767 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

FILED
Mar 12, 2015
Secretary of State
CC1665981026

Current Mailing Address:

FACE OF HOPE FOUNDATION
4270 VICENZA DRIVE SUITE A
VENICE, FL 34293 US

FEI Number: 27-1916249

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORE, EVELYN
4270 VICENZA DRIVE
SUITE A
VENICE, FL 34293 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 PRESIDENT/ CEO
Name GORE, EVELYN
Address 4270 VICENZA DRIVE
 SUITE A
City-State-Zip: VENICE FL 34293

Title VP
Name MORGULIS, MIKHAIL DR.
Address 12362 HERNANDO RD
City-State-Zip: NORTH PORT FL 34287

Title EXECUTIVE SECRETARY
Name MCCLELAND, LYNETTE E
Address 4730 HERON DRIVE
City-State-Zip: VENICE FL 34293

Title CORRESPONDING SECRETARY
Name SUNDAY, PATRICIA A DR.
Address P.O.BOX 5411
City-State-Zip: TALLAHASSEE FL 32314

Title TREASURER
Name GLOVER, KOFI R DR.
Address 15003 MORNING DRIVE
City-State-Zip: LUTZ FL 33549

Title CFO
Name JOHNSON, ERIC
Address 3019 45 AVENUE EAST
City-State-Zip: BRADENTON FL 34203

Title CHAIRMAN
Name BARBITO, KARIN
Address 4365 STATE ROAD 776
City-State-Zip: VENICE FL 34293

Title CLINICAL CONSULTANT
Name SHAMSIEV, ERKIN DR.
Address 400 MONZA AVENUE
City-State-Zip: NORTH PORT FL 34287

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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: EVELYN GORE

PRESIDENT

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MARLOW, JEFF
Address 24000 RAMPART BLVD
City-State-Zip: PORT CHARLOTTE FL 33980

Title ASST. SECRETARY
Name MUNHOLAND, LEE ANN
Address 1778 RAYWOOD AVENUE
City-State-Zip: NORTH PORT FL 34286

Title MEMBER
Name WINTER, ALBERTHA N
Address 1707 BE LHARBOUR DRIVE
City-State-Zip: VENICE FL 34293

Title MEMBER
Name SIVAK, IRINA K
Address 8716 TRIONFO AVENUE
City-State-Zip: NORTH PORT FL 34287

Title MEMBER
Name GUBICH, ZINA DR.
Address 500 MONZA DRIVE
City-State-Zip: NORTH PORT FL 34287

Title COO
Name FAZLOVIC, KARMELOTTA
Address 4499 HAMWOOD STREET
City-State-Zip: NORTH PORT FL 34287

Title ASST. TREASURER
Name JOYCE, SUSAN C
Address 6331 REISTERSTOWN RD
City-State-Zip: NORTH PORT FL 34291

Title MEMBER
Name OLDS, ESTHER A
Address 166 VENICE EAST BLVD
City-State-Zip: VENICE FL 34293

Title MEMBER
Name LONGBRAKE, SOPHIA T
Address 8794 CRISTOBAL AVENUE
City-State-Zip: NORTH PORT FL 34287

Title MEMBER
Name CUPPLES, GALINA
Address 4418 CORSO VENETIA
A
City-State-Zip: VENICE FL 34293