

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001586

Entity Name: FACE_OF_HOPE FOUNDATION INC.

Current Principal Place of Business:

12765 TAMIAMI TRAIL S
NORTH PORT, FL 34287

Current Mailing Address:

12765 TAMIAMI TRAIL S
NORTH PORT, FL 34287 US

FEI Number: 27-1916249

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORE, EVELYN
12765 TAMIAMI TRAIL S
NORTH PORT, FL 34287 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: EVELYN GORE

03/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name PATRAW-BRAHAM, JESSIE
Address 5306 MACCAUE DRIVE
City-State-Zip: PORT CHARLOTTE FL 34298

Title PRESIDENT, CEO
Name GORE, EVELYN
Address 20129 LAGENTE CIRCLE
City-State-Zip: VENICE FL 34293

Title VP
Name POGREBINSKY, GREGORY DR.
Address 31 BOCA ROYALE BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title VC
Name DEWITH, MYANE DR
Address 6001 NORTH LARKSPUR WAY
City-State-Zip: BEVERLY HILLS FL 34465

Title TREASURER
Name STRICKLAND, VAN JAMES
Address 8388 S TAMIAMI TRAIL
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name WEBBER, TERENCE
Address 19368 NEARPOINT DRIVE
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name TAYLOR, FRANK
Address 8495 COLLEGE PARKWAY, 350
City-State-Zip: FORT MYERS FL 33919

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: EVELYN GORE

CEO/FOUNDER

03/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANDERS, ERIC
Address 2166 INNER CASS CIRCLE
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name MARLOWE, JEFF
Address 2346 AMBROSE LANE
City-State-Zip: PORT CHARLOTTE FL 34298