

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001586

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC7582030385**

**Entity Name:** FACE\_OF\_HOPE FOUNDATION INC.

**Current Principal Place of Business:**

13600 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**Current Mailing Address:**

FACE\_OF\_HOPE FOUNDATION INC.,  
13600 TAMIAMI TRAIL  
NORTH PORT, FL 34287 US

**FEI Number:** 27-1916249

**Certificate of Status Desired:** Yes

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

GORE, EVELYN  
13600 TAMIAMI TRAIL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title TREASURER  
Name POMERANZ, FRANKLIN G  
Address 13624 TAMIAMI TRAIL #168  
City-State-Zip: NORTH PORT FL 34287

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

Title ADVISOR  
Name MORGULIS, MIKHAIL DR  
Address 12362 HERNANADO RD  
City-State-Zip: NORTH PORT FL 34287

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

Title SECRETARY  
Name SUNDAY, PATRICIA A DR.  
Address 4027 C BALLARD ROAD  
City-State-Zip: TALLAHASSEE FL 32305

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

Title DIRECTOR  
Name BACA, BETTY JO  
Address 17304 TERRY AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

**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

**PRESIDENT**

**01/30/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WEBBER, TERENCE  
Address 20061 GALLERIA BLVD  
City-State-Zip: VENICE FL 34293

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

Title DIRECTOR  
Name CROWLEY, JOY  
Address 13624 TAMiami TRAIL  
City-State-Zip: NORTH PORT FL 34287

Title VP COO  
Name GORE, ILYA  
Address 20129 LAGENTE CIRCLE  
City-State-Zip: VENICE FL 34293