2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000001586

Entity Name: FACE OF HOPE FOUNDATION INC.

FILED
Mar 27, 2017
Secretary of State
CC0057340256

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 Title TREASURER

Name MCCLELAND, LYNETTE E Name POMERANZ, FRANKLIN G

Address 4730 HERON DRIVE Address 13624 TAMIAMI TRAIL #168

City-State-Zip: VENICE FL 34293

City-State-Zip: NORTH PORT FL 34287

Title PRESIDENT, CEO Title VP

Name GORE, EVELYN Name GORE, ILYA

Address 20129 LAGENTE CIRCLE Address 20129 LAGENTE CIRCLE

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34293

Title VC Title SECRETARY

Name DEWITH, MYANE DR Name SUNDAY, PATRICIA A DR.

Address 6001 NORTH LARKSPUR WAY Address 4027 C BALLARD ROAD

City-State-Zip: BEVERLY HILLS FL 34465 City-State-Zip: TALLAHASSEE FL 32305

Title CHAIRMAN Title DIRECTOR

NameGLOVER, KOFI R DR.NameBACA, BETTY JOAddress15003 MORNING DRIVEAddress17304 TERRY AVE

City-State-Zip: LUTZ FL 33549 City-State-Zip: PORT CHARLOTTE FL 33948

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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 03/27/2017

Officer/Director Detail Continued:

Title DIRECTOR

Name WEBBER, TERENCE

Address 20061 GALLERIA BLVD

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Address

Name SANDERS, ERIC

City-State-Zip: SARASOTA FL 34231

2166 INNER CASS CIRLCE

Title DIRECTOR

Name CROWLEY, JOY

Address 13624 TAMIAMI TRAIL

City-State-Zip: NORTH PORT FL 34287