

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006201

Entity Name: HOPE FOR BRAZIL MINISTRIES, INC.

Current Principal Place of Business:

3616 HARDEN BLVD., # 334
LAKELAND, FL 33803

Current Mailing Address:

3616 HARDEN BLVD., # 334
LAKELAND, FL 33803 US

FEI Number: 27-2964456

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCLAMMA, DAVID L
3616 HARDEN BLVD., # 334
LAKELAND, FL 33803 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 P
Name MCCLAMMA, DAVID L
Address 3616 HARDEN BLVD., # 334
City-State-Zip: LAKELAND FL 33803

Title VC
Name MCLEAD , KAREN
Address 1633 RIDGE TOP WAY
City-State-Zip: CLEARWATER FL 33765

Title VP
Name MCCLAMMA, ROBIN DALE
Address 1130 N LAKE PARKER AVE A-101
City-State-Zip: LAKELAND FL 33805

Title OFFICER
Name CORNELL, RICHARD
Address 204 EAST STATE RD
City-State-Zip: SENECA PA 16346

Title OFFICER
Name HELM, WILLIAM DAVID
Address 1130 N LAKE PARKER AVE B-113
City-State-Zip: LAKELAND FL 33805

Title OFFICER
Name EDDS, SCOTT
Address 2614 HIGHLANDS VUE CT
City-State-Zip: LAKELAND FL 33812

Title SECRETARY
Name FERGUSON, ANDREA
Address 2155 LONGLEAF CIRCLE
City-State-Zip: LAKELAND FL 33810

Title OFFICER
Name MILLER , ALETA
Address 5099 IRONWOOD TRAIL
City-State-Zip: BARTOW FL 33803

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: DAVID LEWIS MCCLAMMA

PRESIDENT

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MILLER, BEN
Address 5099 IRONWOOD TRAIL
City-State-Zip: BARTOW FL 33803

Title CHAIRMAN
Name SLOAN, STEPHEN
Address 3130 HARDIN COMBEE RD
City-State-Zip: LAKELAND FL 33801

Title OFFICER
Name HEDRICK , JAKE
Address 5435 MYTLE HILL DRIVE WEST
City-State-Zip: LAKELAND FL 33811

Title CFO
Name BUNTING, HENRIETTA
Address 2116 EAST GACHET BLVD
City-State-Zip: LAKELAND FL 33813