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

DOCUMENT# N10000011034

Entity Name: REBECCA'S GARDEN OF HOPE, INC.

**FILED** Apr 28, 2017 Secretary of State CC2397897613

### **Current Principal Place of Business:**

2212 S. CHICKASAW TRAIL SUITE 114 ORLANDO, FL 32825

### **Current Mailing Address:**

2067 CATBIRD LOOP OVIEDO, FL 32765 US

FEI Number: 27-4194104 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WILLIAM R. LOWMAN, JR., ESQ. SHUFFIELD LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 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: WILLIAM R. LOWMAN, JR. 04/28/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Address

DIRECTOR Title DIRECTOR, TREASURER Title STORM, REV. HAROLD SCHAEFER, REV LARRY A Name Name 1524 FOUNTAIN DRIVE 1932 OUTER CIRCLE DRIVE Address Address

City-State-Zip: OVIEDO FL 32765 City-State-Zip: OVIEDO FL 32765

Title Title DIRECTOR, PRESIDENT DIRECTOR Name FRIEDRICH, JEFF Name PARSON-BARNES, BRIANN K

14437 STAMFORD CIRCLE 426 CHINA HILL COURT Address

City-State-Zip: ORLANDO FL 32826 City-State-Zip: APOPKA FL 32712

Title DIRECTOR Title **DIRECTOR** 

HAMILTON, DR JACQUELINE Name Name MANNING, REV GREG Address 719 LITTLE HAMPTON LANE 2036 ROBERT STREET Address

City-State-Zip: GOTHA FL 34734 NEW ORELEANS LA 32712 City-State-Zip:

Title DIRECTOR, SECRETARY Title DIRECTOR Name KIRK, LINDA Name ELLIS, JOHN

Address 1150 CARMEL CIRCLE 1021 MARTEX DRIVE Address

# 403

City-State-Zip: APOPKA FL 32712 City-State-Zip: CASSELBERRY FL 32707

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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.

04/28/2017 SIGNATURE: REV. HAROLD STORM DIRECTOR

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameBARTELS, DENNISNameWOLF, STEVENAddress5761 NW 201ST LANEAddress1366 HAVEN DRIVECity-State-Zip:HIALEAH FL 33015City-State-Zip:OVIEDO FL 32765