

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004055

**Entity Name:** VOLUMES OF HOPE INC.

**Current Principal Place of Business:**

4010 NW 100TH AVE  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

4010 NW 100TH AVE  
CORAL SPRINGS, FL 33065

**FEI Number:** 45-1951000

**Certificate of Status Desired:** No

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

FINE, RANDY  
4010 NW 100 AVENUE  
CORAL SPRINGS, FL 33065 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 FINE, SARAH  
Address 4010 NW 100TH AVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title SD  
Name FINE, RANDY  
Address 4010 NW 100TH AVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title TD  
Name JOHNSON, JUDITH  
Address 4010 NW 100TH AVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name FINE, CHARLES  
Address 4010 NW 100TH AVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title BOARD MEMBER  
Name FINE, PAUL J  
Address 4010 NW 100TH AVE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** RANDY FINE

SD

04/25/2018

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

\_\_\_\_\_  
Date