2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2018
Secretary of State
CC4179277360

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Entity Name: ANGEL OF HOPE CHILDREN'S MEMORIAL GARDEN OF THE PALM BEACHES, INC.

Current Principal Place of Business:

804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401

FEI Number: 35-2412013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWE-LINN, PEGGY
804 NORTH OLIVE AVENUE
SECOND FLOOR
WEST PALM BEACH, FL 33401 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	DIRECTOR, TRUSTEE
Name	TORRES, KENNETH
Address	3100 BUCCANEER ROAD
City-State-Zip:	LANTANTA FL 33462

Title	DIRECTOR, TRUSTEE
Name	MARKSZ, ELAINE
Address	15640 ROLLING MEADOWS CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	SECRETARY, DIRECTOR, TRUSTEE
Name	PUGLIESE, SARAH
Address	7257 NW 4TH BOULEVARD # 30
City-State-Zip:	GAINESVILLE FL 32607

Title	PRESIDENT, DIRECTOR, TRUSTEE
Name	ROWE-LINN, PEGGY
Address	804 NORTH OLIVE AVENUE SECOND FLOOR
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER, DIRECTOR, TRUSTEE
Name	FERNANDEZ, NITA D
Address	6533 SPRING MEADOW DRIVE
City-State-Zip:	GREENACRES FL 33413

Title	VP, DIRECTOR TRUSTEE
Name	STAPLETON, JOHN
Address	691 FORESTERIA AVENUE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR, TRUSTEE
Name	JORDAN, THOMAS
Address	6848 19TH AVE S
City-State-Zip:	LAKE WORTH FL 33462

Title	DIRECTOR, TRUSTEE
Name	TORRES, KERRY
Address	3100 BUCCANEER RD
City-State-Zip:	LANTANA FL 33462

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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: STEVEN LINN — ASST. TREASURER — 01/18/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. TREASURER, DIRECTOR, TRUSTEE
Name	LINN, STEVEN
Address	804 NORTH OLIVE AVENUE SECOND FLOOR
City-State-Zip:	WEST PALM BEACH FL 33401