

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009153

Entity Name: HOPEWILL FOUNDATION, INC.**Current Principal Place of Business:**401 N. ASHLEY DR.
#172597
TAMPA, FL 33602**Current Mailing Address:**P.O. BOX 172597
TAMPA, FL 33672 US**FEI Number:** 46-1189420**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N HIGHLAND AVE
TAMPA, FL 33602 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
Name DAVIS, CHARLES M
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name REYNOLDS, RYAN P
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title PRESIDENT
Name WHITNEY, RICHARD C
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title TREASURER
Name CHILLURA, VINCENT M
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title CEO
Name BRESEMAN, SARAH K
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name TOLBERT, ROBERT W
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name LAFACE, CHRIS
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name BALDWIN, TREVOR
Address P.O. BOX 172597
City-State-Zip: TAMPA FL 33672

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: SARAH BRESEMAN

CEO

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date