

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010557

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC3265487164**

**Entity Name:** RENEW HOPE COUNSELING CENTER, INC.

**Current Principal Place of Business:**

111 ROSEMONT CT  
DEBARY, FL 32713

**Current Mailing Address:**

111 ROSEMONT CT  
DEBARY, FL 32713

**FEI Number:** 46-1532321

**Certificate of Status Desired:** Yes

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

EDDY, LISA  
111 ROSEMONT CT  
DEBARY, FL 32713 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            PRESIDENT, CHAIRMAN  
Name            EDDY, LISA  
Address        111 ROSEMONT CT  
City-State-Zip: DEBARY FL 32713

Title            VP  
Name            EDDY, MICHAEL  
Address        111 ROSEMONT CT  
City-State-Zip: DEBARY FL 32713

Title            OFFICER  
Name            STOLL, CAROLYN  
Address        20 VALLEYWOOD DR  
City-State-Zip: DEBARY FL 32713

Title            OFFICER  
Name            MANGUM, CHERI  
Address        25 WOODALL RDCT  
City-State-Zip: DEBARY FL 32713

*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:** LISA M. EDDY

**PRESIDENT**

**03/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date