

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008955

**Entity Name:** HOPE CENTRAL INC.

**Current Principal Place of Business:**

2716 FORSYTH RD  
SUITE #116  
ORLANDO, FL 32792

**Current Mailing Address:**

5442 LAKE MARGARET DR  
1314 SUITE #3  
ORLANDO, FL 32812 US

**FEI Number:** 47-1165231

**Certificate of Status Desired:** No

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

MUTRIE, KISHA  
338 DANIELS POINTE DRIVE  
WINTER GARDEN, FL 34787 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 PD  
Name RAMOS-CELESTRIN, IVETTE  
Address 5442 LAKE MARGARET DR  
1314  
City-State-Zip: ORLANDO FL 32812

Title MSW. SOCIAL WORKER  
Name MORRIS, ANDRE CO-CEO  
Address 338 DANIELS POINTE DRIVE  
City-State-Zip: WINTERGARDEN FL 34786

Title D  
Name AMOAH, NANA Y PH.D.  
Address 2775 EAGLES LANDINGTRAIL  
City-State-Zip: OCEE FL 34761

Title S  
Name MUTRIE, KISHA  
Address 338 DANIELS POINTE DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name DANIELS, LEONARD  
Address 830 E. MAGNOLIA STREET  
City-State-Zip: LEESBURG FL 34748

*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:** IVETTE RAMOS-CELESTRIN

**CEO**

**03/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date