

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

DOCUMENT# N14000008955

**Entity Name:** HOPE CENTRAL INC.

**Current Principal Place of Business:**

5802 MAKOMA DR,  
SUITE #3  
ORLANDO, FL 32839

**Current Mailing Address:**

5802 MAKOMA DR,  
SUITE #3  
ORLANDO, FL 32839 US

**FEI Number:** 47-1165231

**Certificate of Status Desired:** No

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

RAMOS-CELESTRIN, IVETTE  
5442 LAKE MARGARET DR  
1314  
ORLANDO, FL 32812 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 D  
Name GREEN, JAMES  
Address 6928 WESTHAMPTON DR.  
City-State-Zip: ALEXANDRIA VA 22307

Title D  
Name MOLLETURO, FIDEL  
Address 2025 MERCY DR.  
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR  
Name RODRIGUEZ, ELIZABETH  
Address 5434 LAKE MARGARET DR.  
1206  
City-State-Zip: ORLANDO FL 32812

*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/EXEC DIR**

**02/10/2018**

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

\_\_\_\_\_  
Date