

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003437

**Entity Name:** HOPE, HEALTH AND SUNSHINE FOUNDATION, INC.

**Current Principal Place of Business:**

6325 6TH AVENUE SOUTH  
ST.PETERSBURG, FL 33707

**Current Mailing Address:**

6325 6TH AVENUE SOUTH  
ST.PETERSBURG, FL 33707 US

**FEI Number:** 47-4599608

**Certificate of Status Desired:** No

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

DOYLE, JUSTIN  
6325 6TH AVENUE SOUTH  
ST.PETERSBURG, FL 33707 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:** JUSTIN DOYLE

04/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name DOYLE, JUSTIN  
Address 6325 6TH AVENUE SOUTH  
City-State-Zip: ST.PETERSBURG FL 33707

Title DS  
Name DOYLE, SARAH  
Address 6325 6TH AVENUE SOUTH  
City-State-Zip: ST.PETERSBURG FL 33707

Title D  
Name DOYLE, LEA  
Address 6321 VISTA VERDE DRIVE EAST  
City-State-Zip: GULFPORT FL 33707

Title D  
Name HICKS, STEVEN  
Address 7114 3RD AVE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33707

Title D  
Name THALER, JAMES D  
Address 1522 HULL STREET S  
City-State-Zip: ST.PETERSBURG FL 33707

*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:** JUSTIN DOYLE

**PRESIDENT**

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date