

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010277

**FILED**  
**Jun 05, 2023**  
**Secretary of State**  
**6242603317CC**

**Entity Name:** TREASURE COAST HOPE FOR THE HOMELESS FOUNDATION, INC.

**Current Principal Place of Business:**

1750 SE DOMINIC AVE  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1750 SE DOMINIC AVE  
PORT SAINT LUCIE, FL 34952 US

**FEI Number: 47-5440707**

**Certificate of Status Desired: No**

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

DELTORO, RICHARD JR  
1750 S.E. DOMINIC AVE  
PORT SAINT LUCIE, FL 34952 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:** RICHARD DELTORO JR

**06/05/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DELTORO, RICHARD R JR  
Address 1750 S.E. DOMINIC AVE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP  
Name DELTORO, DANIELA  
Address 1750 S.E. DOMINIC AVE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title OFFICER  
Name VEGA, NIXALYS  
Address 6646 N.W. AGNON COURT  
City-State-Zip: PORT ST. LUCIE FL 34953

Title OFFICER  
Name KUDMAN, TAMA  
Address 809 NORTH DIXIE HIGHWAY  
SECOND FLOOR  
City-State-Zip: WEST PALM BEACH FL 33401

Title OFFICER  
Name D'AURIA, KASIA  
Address 1017 E. HALL STREET  
City-State-Zip: STUART FL 34996

Title OFFICER  
Name MAY, WILLIAM  
Address 502 SE KARRIGAN TER  
City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY  
Name CUNNINGHAM, EDWARD  
Address 1734 SE HONDO AVE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER  
Name SWANCHAK, MICHAEL R  
Address 2698 SW ACACIA AVE  
City-State-Zip: PORT ST. LUCIE FL 34987

*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:** RICHARD R. DEL TORO, JR.

**PRESIDENT**

**06/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date