2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004875

Entity Name: KEEP HOPE ALIVE INC.

Current Principal Place of Business:

2458 LYNN LAKE CIRCLE S APT A BLDG 62 ST.PETERSBURG, FL 33712

Current Mailing Address:

2458 LYNN LAKE CIR S APT A BLDG62 ST PETERSBURG, FL 33712-0000 US

FEI Number: 81-1397891

Name and Address of Current Registered Agent:

DORN, VALERIA 2458 LYNN LAKE CIRCLE S APT A BLDG62 ST.PETERSBURG, FL 33712 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.

VALERIA DORN			04/30/2021
Electronic Signature of Registered Agent			Date
Officer/Director Detail :			
DIRECTOR, PRESIDENT	Title	DIRECTOR, VP	
DORN, VALERIA	Name	BYRD, SHANEKA	
2458 LYNN LAKE CIRCLE S	Address	1010 JAMES AVE SO	
APT A BLDG62 ST.PETERSBURG FL 33712	City-State-Zip:	ST. PETERSBURG FL 33705	
Title DIRECTOR, COO	Title	DIRECTOR, SECRETARY	
,	Name	SEAFUS, JOSEPHINE	
GRAVELEY, BEVERLY	Address		
2360 11TH ST SO	Address	APT. B	
ST. PETERSBURG FL 33705	City-State-Zip:	ST. PETERSBURG FL 33712	
	Electronic Signature of Registered Agent or Detail : DIRECTOR, PRESIDENT DORN, VALERIA 2458 LYNN LAKE CIRCLE S APT A BLDG62 ST.PETERSBURG FL 33712 DIRECTOR, COO GRAVELEY, BEVERLY 2360 11TH ST SO	Electronic Signature of Registered Agent or Detail : DIRECTOR, PRESIDENT Title DORN, VALERIA Name 2458 LYNN LAKE CIRCLE S Address APT A BLDG62 City-State-Zip: ST.PETERSBURG FL 33712 Title DIRECTOR, COO Title GRAVELEY, BEVERLY Address 2360 11TH ST SO Director	Electronic Signature of Registered Agent or Detail : DIRECTOR, PRESIDENT Title DIRECTOR, VP DORN, VALERIA Name BYRD, SHANEKA 2458 LYNN LAKE CIRCLE S Address 1010 JAMES AVE SO APT A BLDG62 City-State-Zip: ST. PETERSBURG FL 33715 ST.PETERSBURG FL 33712 Title DIRECTOR, SECRETARY DIRECTOR, COO Title DIRECTOR, SECRETARY SRAVELEY, BEVERLY Address 4018 3RD AVE S 2360 11TH ST SO Turber Construction of the second of

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.

PRESIDENT

SIGNATURE: VALERIA DORN

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2021 Secretary of State 2971832496CC

Certificate of Status Desired: No

04/30/2021 Date