

**2020 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 BLDG 62  
ST PETERSBURG, FL 33712-0000 US**FEI Number:** 81-1397891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORN, VALERIA  
2458 LYNN LAKE CIRCLE S  
APT A BLDG 62  
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.***SIGNATURE:** VALERIA DORN

03/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name DORN, VALERIA  
Address 2458 LYNN LAKE CIRCLE S  
APT A BLDG 62  
City-State-Zip: ST.PETERSBURG FL 33712

Title DIRECTOR, VP  
Name BYRD, SHANEKA  
Address 1010 JAMES AVE SO  
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR, COO  
Name GRAVELEY, BEVERLY  
Address 2360 11TH ST SO  
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR, SECRETARY  
Name SEAFUS, JOSEPHINE  
Address 4018 3RD AVE S  
APT. B  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name WILLIAMS, RENEE  
Address 1910 1/2 23RD ST S  
City-State-Zip: ST. PETERSBURG FL 33712

*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:** VALERIA DORN

FOUNDER/PRESIDENT

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date