

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005830

**Entity Name:** LAKE COMO COMMUNITY OF HOPE, INC.

**Current Principal Place of Business:**

126 HIGHLAND AVE  
LAKE COMO, FL 32157

**Current Mailing Address:**

PO BOX 330  
LAKE COMO, FL 32157 US

**FEI Number: 83-0878806**

**Certificate of Status Desired: No**

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

LAGROW, JANET  
206 WHITE RD.  
CRESCENT CITY, FL 32112 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            PRESIDENT  
Name            HOGSETT, DANIEL  
Address        235 TROUT TRAIL  
City-State-Zip: CRESCENT CITY FL 32112

Title            TRES  
Name            LAGROW, JANET  
Address        206 WHITE RD.  
City-State-Zip: CRESCENT CITY FL 32112

Title            SECR  
Name            TREADWELL, LISA  
Address        P.O. BOX 63  
City-State-Zip: LAKE COMO FL 32157

Title            VP  
Name            FORTIER, MARY  
Address        102 CRESCENT LANE  
City-State-Zip: CRESCENT CITY FL 32112

Title            TRUSTEE  
Name            SAYLER, MARY  
Address        P.O. BOX 62  
City-State-Zip: LAKE COMO, FL 32157

*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: JANET LAGROW**

**TREASURER**

**01/27/2022**

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

\_\_\_\_\_  
Date