

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009224

Entity Name: VISION FOR HOPE, INC.**Current Principal Place of Business:**1804 BROKEN ARROW TRAIL N
LAKELAND, FL 33813**Current Mailing Address:**1804 BROKEN ARROW TRAIL N
LAKELAND, FL 33813 US**FEI Number: 86-1859301****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AFFIRM ACCOUNTING & TAX SERVICES, INC
5441 HILL N DALE LANE
LAKELAND, FL 33813 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	P
Name	WESTERFELD, DON
Address	1804 BROKEN ARROW TRAIL N
City-State-Zip:	LAKELAND FL 33813

Title	SEC
Name	MANZ, DAWN
Address	6828 BROKEN ARROW TRAIL S
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	ICE, KIM
Address	225 DORIS DR
City-State-Zip:	LAKELAND FL 33813

Title	VP
Name	WESTERFELD, CONNIE
Address	1804 BROKEN ARROW TRAIL N
City-State-Zip:	LAKELAND FL 33813

Title	TREA
Name	BIRKET, LISA
Address	6915 POLEY CREEK DR WEST
City-State-Zip:	LAKELAND FL 33811

Title	D
Name	MILLER, DEBORAH
Address	308 HAWICK LN
City-State-Zip:	LAKELAND FL 33813

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: CONNIE WESTERFELD**VP****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date