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: LAMY DANIELLE

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000005351

Entity Name: VALLEY OF HOPE FOUNDATION, INC.

#### **Current Principal Place of Business:**

2100 45TH STREET SUITE B23 & B24 WEST PALM BEACH, FL 33407

#### **Current Mailing Address:**

2100 45TH STREET SUITE B23 & B24 WEST PALM BEACH, FL 33407 US

### FEI Number: 84-1990929

## Name and Address of Current Registered Agent:

LAMY, DANIELLE 2100 45TH STREET SUITE B23 & B24 WEST PALM BEACH, FL 33407 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	DANIELLE LAMY			01/25/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	Т	
Name	LAMY, DANIELLE	Name	FRANCILLON, DAN	
Address	4490 ISLAND REEF DR	Address	4490 ISLAND REEF DR	
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449	

Certificate of Status Desired: No

FILED Jan 25, 2023 Secretary of State 5160642108CC

> 01/25/2023 Date

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