

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010136

Entity Name: SICKLE OF HOPE INC.**Current Principal Place of Business:**219 SAN REMO BLVD
NORTH LAUDERDALE, FL 33068**Current Mailing Address:**219 SAN REMO BLVD
NORTH LAUDERDALE, FL 33068 US**FEI Number:** 85-3304784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRILUS, YVON MR.
219 SAN REMO BLVD
NORTH LAUDERDALE, FL 33068 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 HENRILUS, YVELANDE Y MISS
Address 219 SAN REMO BLVD
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFC
Name HENRILUS, RICHELANDE R MRS.
Address 219 SAN REMO BLVD
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFC
Name NERESTANT, RICKENLY R MR.
Address 4519 MONTEREY DRIVE
City-State-Zip: TAMARAC FL 33319

Title VP
Name HENRILUS, YVON Y MR.
Address 219 SAN REMO BLVD
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFC
Name NERESTANT, DAVE D MR.
Address 4519 MONTEREY DRIVE
City-State-Zip: TAMARAC FL 33319

Title OFC
Name NERESTANT, JOSEPH J MR.
Address 4519 MONTEREY DRIVE
City-State-Zip: TAMARAC FL 33319

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: YVON HENRILUS

VP

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date