

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

DOCUMENT# N20000010227

**Entity Name:** HEBREW RESTING PLACE MINISTRIES, INC.

**Current Principal Place of Business:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

LANHAM, KEITH  
283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701 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            CEO  
Name            KEITH, LANHAM  
Address        283 CRANES ROOST BLVD, SUITE 111  
  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            EAD  
Name            HASSANALI, BASHEERA  
Address        283 CRANES ROOST BLVD, SUITE 111  
  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            AD  
Name            LANHAM, EDDIE  
Address        283 CRANES ROOST BLVD, SUITE 111  
  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: KEITH LANHAM**

**CEO**

**04/29/2022**

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

\_\_\_\_\_  
Date