

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000344

**Entity Name:** BARBARA TOMMEY HOPE OF GLORY FOUNDATION, INC**Current Principal Place of Business:**25239 CHIPSHOT CT  
SORRENTO, FL 32776**Current Mailing Address:**P.O. BOX 1072  
SORRENTO, FL 32776**FEI Number:** 86-1398309**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAWUSE TOMMEY, PEREGINE JOY  
25239 CHIPSHOT CT  
SORRENTO, FL 32776 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:** PEREGINE JOY MAWUSE TOMMEY

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	XEPONU TOMMEY, SAMPSON
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

Title	S
Name	DZIFA MANSU, PEARL
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

Title	T
Name	PIERRE ANTOINE, REGINA
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

Title	D
Name	SENA TOMMEY, DANIEL YAO
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

Title	D
Name	TOMMEY, JENNIFER
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

Title	D
Name	KOBINA ARTHOR, SYLVESTER
Address	P.O. BOX 1072
City-State-Zip:	SORRENTO FL 32776

*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:** SAMPSON XEPONU TOMMEY**DIRECTOR**

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date