

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

DOCUMENT# N21000012216

**Entity Name:** JOSHUA WAY OF HOPE, INC.

**Current Principal Place of Business:**

7708 N CENTRAL AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

PO BOX 82613  
TAMPA, FL 33682 US

**FEI Number:** 87-3197499

**Certificate of Status Desired:** Yes

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

NICHOLS, KAYETRENIA  
11800 N FLORIDA AVE  
#82613  
TAMPA, FL 33612 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/D	Title	D
Name	NICHOLS, KAYETRENIA	Name	REYNOLDS, JACQUELINE
Address	PO BOX 82613	Address	PO BOX 82613
City-State-Zip:	TAMPA FL 33682	City-State-Zip:	TAMPA FL 33682
Title	VP/D	Title	T
Name	JOHNSON, CELESTE	Name	GIBSON, AYELE
Address	PO BOX 82613	Address	PO BOX 82613
City-State-Zip:	TAMPA FL 33682	City-State-Zip:	TAMPA FL 33682
Title	D	Title	D
Name	ROQUEMORE, BYRON	Name	NICHOLS, SELPHENIA
Address	PO BOX 82613	Address	PO BOX 4283
City-State-Zip:	TAMPA FL 33682	City-State-Zip:	TAMPA FL 33677
Title	SD		
Name	SMITH, REGINA		
Address	PO BOX 82613		
City-State-Zip:	TAMPA FL 33682		

*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:** KAYETRENIA NICHOLS

**PRESIDENT**

**04/25/2022**

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

\_\_\_\_\_  
Date