

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001676

**Entity Name:** PURELY HOPE, INC

**Current Principal Place of Business:**

52 OAKLAND HILLS PLACE  
ROTONDA WEST, FL 33947

**FILED**  
**Feb 17, 2023**  
**Secretary of State**  
**5338896566CC**

**Current Mailing Address:**

4140 MOTHER LODE DRIVE, SUITE 116  
SHINGLE SPRINGS, CA 95682

**FEI Number: 84-3154400**

**Certificate of Status Desired: Yes**

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

SANDIGO, TAMMIE  
52 OAKLAND HILLS PLACE  
ROTONDA WEST, FL 33947-2256 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 EXECUTIVE DIRECTOR  
Name SANDIGO, TAMMIE  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title PRESIDENT  
Name NUGENT, MARCIE  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title TREASURER  
Name CARDWELL, JULIE  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title SECRETARY  
Name BIST, HOLLY  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title VICE PRESIDENT  
Name FRANZEN, ALYSSA  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title DIRECTOR  
Name SHEPHARD, ABBY  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

Title DIRECTOR  
Name BILLERBECK, TAMERA  
Address 4140 MOTHER LODE DRIVE  
SUITE 116  
City-State-Zip: SHINGLE SPRINGS CA 95682

*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: TAMMIE SANDIGO**

**EXECUTIVE DIRECTOR**

**02/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date