

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22452

**FILED**  
**Feb 11, 2020**  
**Secretary of State**  
**7656739306CC**

**Entity Name:** STAR OF HOPE INTERNATIONAL, AMERICA, INC.

**Current Principal Place of Business:**

13 N MAIN ST LOWER LEVEL  
ELLINWOOD, KS 67526

**Current Mailing Address:**

PO BOX 427  
ELLINWOOD, KS 67526 US

**FEI Number:** 59-2844916

**Certificate of Status Desired:** No

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

TRICK, WILLIAM WATSON  
1216 E ATLANTIC BLVD SUITE 7  
POMPANO BEACH, FL 33060 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           DIRECTOR  
Name           ERIKSSON, LENNART  
Address        13 N MAIN ST UPPER LEVEL  
City-State-Zip: ELLINWOOD KS 67526

Title           CEO  
Name           PRESSON, MARK  
Address        PO BOX 427  
City-State-Zip: ELLINWOOD KS 67526

Title           DIRECTOR  
Name           METSGER, KAY  
Address        13 N MAIN ST LOWER LEVEL  
City-State-Zip: ELLINWOOD KS 67526

Title           DIRECTOR  
Name           HUFF, KEVIN  
Address        13 N MAIN ST  
City-State-Zip: ELLINWOOD KS 67526

Title           DIRECTOR  
Name           KALLIN, ULRIKA  
Address        13 N MAIN  
City-State-Zip: ELLINWOOD KS 67526

Title           DIRECTOR  
Name           RODICA, MALLLOS  
Address        13 N MAIN  
City-State-Zip: ELLINWOOD KS 67526

Title           COO  
Name           PRESSON, MARIA  
Address        13 N MAIN ST LOWER LEVEL  
City-State-Zip: ELLINWOOD KS 67526

*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:** MARK PRESSON

**CEO**

**02/11/2020**

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

\_\_\_\_\_  
Date