

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002440

FILED
Apr 29, 2020
Secretary of State
3517692017CC

Entity Name: THE MEETING PLACE II HOUSE OF HOPE, INC.

Current Principal Place of Business:

706 N. TOOMBS STREET
VALDOSTA, GA 31601

Current Mailing Address:

706 N. TOOMBS STREET
VALDOSTA, GA 31601 US

FEI Number: 82-1755865

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRAUGHTER, LISA R
876 NW SWANNEE VALLEY RD.
LAKE CITY, FL 32055 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
Name RISER, TIM
Address 2218 PIN OAK DR.
City-State-Zip: VALDOSTA GA 31602

Title MBR
Name EVANS, JOYCE
Address 408 MILDRED ST.
City-State-Zip: VALDOSTA GA 31601

Title MBR
Name WHITE, TYRON
Address 307 8TH AVENUE
City-State-Zip: JASPER FL 32052

Title S
Name ROGERS, NANCY
Address 4996 COPPAGE RD.
City-State-Zip: HAHIRA GA 31632

Title OTHER
Name JONES, SARA M
Address 1003 BROOKHAVEN DR
City-State-Zip: VALDOSTA GA 31601

Title MBR
Name COPELAND, ROY
Address 6 FOX HOLLOW CIRCLE
City-State-Zip: VALDOSTA GA 31602

Title ASST. SECRETARY
Name HANNAH, ASHLEY RENEE
Address 4970 PATTON DR
City-State-Zip: VALDOSTA GA 31605

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: SARA JONES

04/29/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date