

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N97000002068

1. Entity Name

True Divine Hope Outreach Center
Inc.



FILED

06 JAN 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 NW 29th Terr

Suite, Apt. #, etc.

3. Mailing Address

425 NW 29th Terr

Suite, Apt. #, etc.

City & State

Ft Lauderdale Fla

City & State

Ft Lauderdale Fla

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0741300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

REINSTATEMENT 05-06
CR2E037B-18/06

7. Name and Address of Current Registered Agent

Name

Patricia Charles

Street Address (P.O. Box Number is Not Acceptable)

425 N.W. 29th Terr

City

Ft Lauderdale

FL

Zip Code

33311

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Charles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/05

FEE IS \$61.25

Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: Cheryl Brown President
NAME: 1701 NW 7th Ave
STREET ADDRESS: Ft Lauderdale Fla
CITY-ST-ZIP:

TITLE: Vice President
NAME: Patricia Spencer
STREET ADDRESS: 173 NW 30th Terr
CITY-ST-ZIP: Ft Lauderdale Fla

TITLE: Secretary
NAME: Selina Spencer
STREET ADDRESS: 173 NW 30th Terr
CITY-ST-ZIP: Ft Lauderdale Fla

TITLE: Accountant
NAME: Corlis V Jackson
STREET ADDRESS: 715 NW 15th Way
CITY-ST-ZIP: Ft Lauderdale Fla 33311

TITLE: Director
NAME: Patricia Charles
STREET ADDRESS: 425 NW 29th Terr
CITY-ST-ZIP: Ft Lauderdale Fla 33311

TITLE:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Charles