

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002190

1. Entity Name
THE MOUNTAIN OF HOPE, INC.



Principal Place of Business
**393 LAKEVIEW AVENUE
LAKE MARY, FL 32746**

Mailing Address
**393 LAKEVIEW AVENUE
LAKE MARY, FL 32746**



02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3524142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOE, BRIAN R
3074 WEST LAKE MARY BLVD #136
LAKE MARY, FL 32746**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000656370
03/14/07-80022-022 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLONIG, JOHN
STREET ADDRESS 393 LAKEVIEW AVE.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME DEDMAN, TYLER
STREET ADDRESS 350 W. LAKEVIEW AVE.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME RAGSDALE, NORMA
STREET ADDRESS 96 CRYSTAL VIEW S.
CITY-ST-ZIP SANFORD, FL 32773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.F. DEDMAN **T.F. DEDMAN** 2/23/07 407-322-0491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #