

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733274

FILED
Jan 20, 2024
Secretary of State
5436718625CC

Entity Name: NU-HOPE ELDER CARE SERVICES, INC.

Current Principal Place of Business:

3530 OFFICE PARK ROAD
SEBRING, FL 33870

Current Mailing Address:

3530 OFFICE PARK ROAD
SEBRING, FL 33870 US

FEI Number: 59-1649814

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SLADE, DEBRA MRS.
3530 OFFICE PARK ROAD
SEBRING, FL 33870 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: DEBRA SLADE

01/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARTZ, SHAWN
Address SEBRING
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name DANNELS, MICHELLE
Address 110 LINCOLN ROAD NW
City-State-Zip: LAKE PLACID FL 33852

Title S, T
Name HAYS, NELL
Address 6414 US 27 S
City-State-Zip: SEBRING FL 33876

Title DIRECTOR
Name KEY, LORRIE
Address 4426 DUFFER LOOP
City-State-Zip: SEBRING FL 33872

Title VICE-PRESIDENT
Name HEINTZ, KIM
Address 627 MARAVILLA AVENUE
City-State-Zip: SEBRING FL 33875

Title EXECUTIVE DIRECTOR
Name SLADE, DEBRA
Address 3530 OFFICE PARK ROAD
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name CRAWFORD, TERESA
Address 3530 OFFICE PARK ROAD
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name MARSHALL, CINDY
Address 1501 ARBUCKLE CREEK ROAD
City-State-Zip: SEBRING FL 33870

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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: SLADE, DEBRA

**EXECUTIVE
DIRECTOR/MANAGING
AGENT**

01/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUNCAN, SHAWANNA
Address 3209 AVERY COURT
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name DELATORREE, SYLIVA
Address P.O. BOX 1941
City-State-Zip: WAUCHULA FL 33873