Electronic Signature of Signing Officer/Director Detail

## **DOCUMENT# 733274**

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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **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

#### 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	E DEBRA SLADE			02/18/2022	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	DIRECTOR		
Name	LAYNE, ROBERT	Name	CORNELL, WOODROW		
Address	5737 THUNDER ROAD	Address	1267 ASPEN LANE		
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	WAUCHULA FL 33876		
Title	PRESIDENT	Title	DIRECTOR		
Name	MARTZ, SHAWN	Name	DANNELS, MICHELLE		
Address	4417 PAGE AVENUE	Address	110 LINCOLN ROAD NW		
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	LAKE PLACID FL 33852		
Title	S, T	Title	DIRECTOR		
Name	HAYS, NELL	Name	KEY, LORRIE		
Address	6414 US 27 S	Address	4426 DUFFER LOOP		
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	SEBRING FL 33872		
Title	DIRECTOR	Title	VICE-PRESIDENT		
Name	MACK, MIRANDA	Name	HEINTZ, KIM		
Address	8400 PINE GLEN ROAD	Address	627 MARAVILLA AVENUE		
City-State-Zip:	SEB FL 33876	City-State-Zip:	SEBRING FL 33875		

## Continues on page 2

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: DEBRA SLADE

EXECUTIVE DIRECTOR

02/18/2022 Date

# FILED Feb 18, 2022 Secretary of State 8467057734CC

Certificate of Status Desired: Yes

# **Officer/Director Detail Continued :**

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