

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001943

Entity Name: HOPE INTERNATIONAL MENTORING CENTER, INC.**Current Principal Place of Business:**326 GAIL POND DRIVE
LAWRENCEVILLE, GA 30045**Current Mailing Address:**326 GAIL POND DRIVE
LAWRENCEVILLE, GA 30045 US**FEI Number:** 56-2347261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORNE , CRAIG
2655 S. LE JEUNE RD.
PENTHOUSE #2C
CORAL GABLES, FL 33134 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:** CRAIG DORNE

03/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SWILLEY, W. DUANE
Address	326 GAIL POND DRIVE
City-State-Zip:	LAWRENCEVILLE GA 30045

Title	VP
Name	SWILLEY, DEBORAH L
Address	326 GAIL POND DRIVE
City-State-Zip:	LAWRENCEVILLE GA 30045

Title	O
Name	SWILLEY, JOSHUA E
Address	2776 OAK GROVE ROAD
City-State-Zip:	DAVIE FL 33328

Title	O
Name	SWILLEY, KEREN
Address	2776 OAK GROVE ROAD
City-State-Zip:	DAVIE FL 33328

Title	D
Name	MARROQUIN, MARCO
Address	2776 OAK GROVE ROAD
City-State-Zip:	DAVIE FL 33328

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: JOSHUA SWILLEY**OFFICER**

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date