

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001092

Entity Name: FOUNTAIN OF HOPE COUNSELING CENTER, INC.**Current Principal Place of Business:**3121 WOOD HILL DRIVE
TALLAHASSEE, FL 32303**Current Mailing Address:**3121 WOOD HILL DRIVE
TALLAHASSEE, FL 32303 US**FEI Number:** 20-0878660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UDOFIAH, BETTY SMRS
3121 WOOD HILL DRIVE
TALLAHASSEE, FL 32303 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:** BETTY UDOFIAH

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO / DIRECTOR
Name UDOFIAH, EDIDIONG
Address 2230 LAKE WORTH ROAD
APT. 107
City-State-Zip: LAKE WORTH FL 33461

Title SEC
Name CURRY, TYWANNA MRS
Address 4424 WESTOVER DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name OKEKE, MARRIA DR.
Address 3226 DUNGARVAN DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name ONOKPISE, OGHENEKOME DR.
Address 2810 KENNESAW PLACE
City-State-Zip: TALLAHASSEE FL 32303

Title CONSULTANT
Name ELIZABETH, UDOFIAH ELDER,
BSN/RN
Address 3121 WOOD HILL DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name ENO, VICTOR DR
Address 4660 PIMLICO DRIVE
City-State-Zip: TALLAHASSE FL 32309

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: ELIZABETH UDOFIAH

CONSULTANT

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date