

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009292

**Entity Name:** HOPE ORPHANAGE FOUNDATION INC.

**Current Principal Place of Business:**

3706 LANDINGS WAY DR  
APT 105  
TAMPA, FL 33624

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC0534475567**

**Current Mailing Address:**

3706 LANDINGS WAY DR  
APT 105  
TAMPA, FL 33624

**FEI Number:** 45-0546663

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROCK, MARCLIN  
3706 LANDINGS WAY DR  
APT 105  
TAMPA, FL 33624 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ROCK, MARCLIN  
Address 3706 LANDINGS WAY DR APT 105  
City-State-Zip: TAMPA FL 33624

Title DP  
Name ROCK, SAINTCOIS  
Address 700 SW 14TH ST  
City-State-Zip: DEERFIELD FL 33441

Title DT  
Name REMY, NIXON  
Address 5544 BOYNTON PLACE  
City-State-Zip: BOYNTON BEACH FL 33437

Title S  
Name REVOLUS, DOMINIQUE  
Address 3706 LANDINGS WAY DR APT 105  
City-State-Zip: TAMPA FL 33624

Title D  
Name JEAN, JEAN-SAUL  
Address 1281 SW 10TH AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title D  
Name JOSEPH , GERTHA  
Address 13351 40TH ST. N  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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: MARCLIN ROCK**

**DIRECTOR**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date