

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005673

Entity Name: ASSURANCE OF HOPE INSTITUTE INC.

Current Principal Place of Business:

5975 W SUNRISE BLVD.
208
SUNRISE, FL 33313

Current Mailing Address:

5975 W SUNRISE BLVD.
208
SUNRISE, FL 33313 US

FEI Number: 27-0323112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWABY S, HARON
5975 W SUNRISE BLVD
208
SUNRISE,, FL 33313 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 P
Name SWABY, SHARON
Address 5975 W SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33313

Title SECRETARY
Name BROWN, SHARON
Address 5975 W. SUNRISE BLVAD
208A
City-State-Zip: SUNRISE FL 33313

Title T
Name BROWN, COURTNEY
Address 9301 NW 19TH. PLACE
City-State-Zip: SUNRISE FL SUNRI-SE

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: SHARON SWABY

P

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date