

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000001586

Entity Name: FACE_OF_HOPE FOUNDATION INC.

Current Principal Place of Business:

13600 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

FACE OF HOPE FOUNDATION
13600 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

FEI Number: 27-1916249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORE, EVELYN
4270 VICENZA DRIVE
SUITE A
VENICE, FL 34293 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 PRESIDENT
Name MCCLELAND, LYNETTE E
Address 4730 HERON DRIVE
City-State-Zip: VENICE FL 34293

Title TREASURER
Name BARBITO, KARIN
Address 4365 STATE ROAD 776
City-State-Zip: VENICE FL 34293

Title CEO
Name GORE, EVELYN
Address 4270 VICENZA DRIVE, SUITE A
City-State-Zip: VENICE FL 34293

Title CHAIRMAN
Name MORGULIS, MIKHAIL DR
Address 12362 HERNANADO RD
City-State-Zip: NORTH PORT FL 34287

Title VICE PRESIDENT
Name DEWITH, MYANE DR
Address 6001 NORTH LARKSPUR WAY
City-State-Zip: BEVERLY HILLS FL 34465

Title SECRETARY
Name SUNDAY, PATRICIA A DR.
Address P.O. BOX 5411
City-State-Zip: TALLAHASSEE FL 32314

Title VICE CHAIRMAN
Name GLOVER, KOFI R DR.
Address 15003 MORNING DRIVE
City-State-Zip: LUTZ FL 33549

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: EVELYN GORE

CEO

08/27/2015

Electronic Signature of Signing Officer/Director Detail

Date