

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011567

**Entity Name:** MY CANDLES OF HOPE FOUNDATION, INC

**Current Principal Place of Business:**

14626 BARTRAM CREEK BLVD  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

14626 BARTRAM CREEK BLVD  
JACKSONVILLE, FL 32259 US

**FEI Number:** 27-4520397

**Certificate of Status Desired:** No

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

HUCKLEBERRY, JENNIFER  
14626 BARTRAM CREEK BLVD  
JACKSONVILLE, FL 32259 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 PCFO, TREASURER  
Name HUCKLEBERRY, JENNIFER  
Address 14626 BARTRAM CREEK BLVD  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name HUCKLEBERRY, JENNIFER  
Address 14626 BARTRAM CREEK BLVD  
City-State-Zip: JACKSONVILLE FL 32259

Title AS  
Name HOY, DEBRA  
Address 2800 NW 105LN  
City-State-Zip: SUNRISE FL 33322

Title SECRETARY  
Name BERNARD, COLLEEN  
Address 11837 LEEWARD PL  
City-State-Zip: BOCA RATON FL 33428

Title ASST. TREASURER  
Name HUCKLEBERRY, MICHAEL  
Address 14626 BARTRAM CREEK BLVD  
City-State-Zip: JACKSONVILLE FL 32259

*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:** JENNIFER HUCKLEBERRY

**PRESIDENT**

**06/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date