2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
CC9037569216

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Entity Name: A DOOR OF HOPE, INC.

Current Principal Place of Business:

8900 U.S. HIGHWAY 19 N.
PINELLAS PARK, FL 33782

Current Mailing Address:

8900 U.S. HIGHWAY 19 N.
PINELLAS PARK, FL 33782

FEI Number: 45-3993709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLISON, JASON M
200 CENTRAL AVE STE 2000
ST. PETERSBURG, FL 33701 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	DIRECTOR
Name	DAULT, TESSA
Address	8900 U.S. HIGHWAY 19 N.
City-State-Zip:	PINELLAS PARK FL 33782

Title	VP
Name	DANIEL, GODLY
Address	8900 U.S. HIGHWAY 19 N.
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	CRAWFORD, BRUCE
Address	8900 US HIGHWAY 19 NORTH
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	ELLISON, JASON
Address	8900 US HWY 19 NORTH
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR, PRESIDENT
Name	TEEL, THOMAS
Address	8900 U.S. HIGHWAY 19 N.
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	BABB, JOHN
Address	8900 US HIGHWAY 19 N.
City-State-Zip:	PINELLAS PARK FL 33782

Title	SECRETARY
Name	AGUIRRE, JENNE
Address	8900 US HWY 19 NORTH
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	STANCIL, BRENT
Address	8900 US HWY 19 NORTH
City-State-Zip:	PINELLAS PARK FL 33782

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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: JENNE AGUIRRE SECRETARY 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FARRELL, CYNTHIA
Address	8900 US HWY 19 NORTH
City-State-Zip:	PINELLAS PARK FL 33782