

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011257

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 US**FEI Number:** 45-3993709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLISON, JASON M
150 SECOND AVE. N.
SUITE 1770
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	PRESIDENT
Name	DANIEL, GODLY
Address	8900 U.S. HIGHWAY 19 N.
City-State-Zip:	PINELLAS PARK FL 33782

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

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

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

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

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

Title	DIRECTOR
Name	AMMONS, CHARLES
Address	8900 U.S. HIGHWAY 19 N.
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: GODLY DANIEL

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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