

2019 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**FEI Number:** 45-3993709**Certificate of Status Desired:** Yes**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 PRESIDENT
Name DANIEL, GODLY
Address 8900 U.S. 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 FARRELL, CYNTHIA
Address 8900 US HWY 19 NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name TEEL, THOMAS
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
Name ROBIN, MICHAEL
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: JENNE AGUIRRE**DIRECTOR OF
ADMINISTRATION****02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name TROJANOWSKI, NIKKI
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