

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011346

Entity Name: RESTORATION OF HOPE MINISTRY FOR HAITI, INC.**Current Principal Place of Business:**440 FONTANA CIRCLE
#109
OVIDO, FL 32765**Current Mailing Address:**440 FONTANA CIRCLE
#109
OVIDO, FL 32765 US**FEI Number:** 45-3849377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HILL, NATALYN
440 FONTANA CIRCLE
#109
OVIDO, FL 32765 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:** NATALYN HILL

01/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HILL, NATALYN
Address 440 FONTANA CIRCLE
 #109
City-State-Zip: OVIDO FL 32765

Title DIRECTOR
Name ANDREWS, JANICE
Address 1592-62TH AVE. SO.
City-State-Zip: ST. PETERSBURG FL 33705

Title TREASURER
Name MCBRIDE, CHERRITA
Address 1175 PINELLAS POINT DRIVE SOUTH
 UNIT 124
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name COLSTON-PATTON, PAMELA
Address RT, 2 BOX 562
City-State-Zip: WESTVILLE OK 74965

Title DIRECTOR
Name MCTIER, PATRICIA
Address 4811 5TH AVENUE S
City-State-Zip: ST. PETERSBURG FL 33711

Title VP
Name BRADT, DENNIS
Address 2104 SOUTH CURT CIRCLE
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name ENGLISH, DAN
Address 1350 STIVERS RD.
City-State-Zip: JASPER GA 30143

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: NATALYN HILL

PRESIDENT

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date