

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

DOCUMENT# N12000003740

**Entity Name:** LIMITLESS HOPE INC

**Current Principal Place of Business:**

4316 SMUGGLERS WAY  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4316 SMUGGLERS WAY  
JACKSONVILLE, FL 32210 US

**FEI Number:** 45-5041142

**Certificate of Status Desired:** No

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

ROSSMANITH, TOM  
4316 SMUGGLERS WAY  
JACKSONVILLE, FL 32210 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 CD  
Name ROSSMANITH, ROBIN N  
Address 4316 SMUGGLERS WAY  
City-State-Zip: JACKSONVILLE FL 32210

Title OFFICER  
Name ROSSMANITH, TOM  
Address 4316 SMUGGLERS WAY  
City-State-Zip: JACKSONVILLE FL 32210

Title OFFICER  
Name YOUNG-TURCOTTE, SUZANNE  
Address 624 LONGCREST LANE  
City-State-Zip: ORANGE PARK FL 32065

Title OFFICER  
Name GONZALES, BRANDI  
Address 4978 LOFTY PINES CIRCLE W  
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER  
Name BENEDICT, ANTHONY  
Address 2547 FORBES ST  
City-State-Zip: JACKSONVILLE FL 32204

Title OFFICER  
Name PAVLICEK, ANNA  
Address 1845 ORANGE PICKER RD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** ROBIN ROSSMANITH

**CHAIRMAN/DIRECTOR OF BOARD** 05/22/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date