

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009191

**FILED**  
**Feb 24, 2021**  
**Secretary of State**  
**9701681014CC**

**Entity Name:** HOPE FINANCIAL CAPITAL GROUP, INC.

**Current Principal Place of Business:**

3927 NW 45TH TERRACE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

3927 NW 45TH TERRACE  
CAPE CORAL, FL 33993

**FEI Number:** 36-4743585

**Certificate of Status Desired:** No

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

BACHELLER, CRAIG L  
3927 NW 45TH TERRACE  
CAPE CORAL, FL 33993 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 D  
Name BACHELLER, CRAIG L  
Address 3927 NW 45TH TERRACE  
City-State-Zip: CAPE CORAL FL 33993

Title D  
Name JOHNSON, DALICIA M.L.  
Address 3927 NW 45TH TERRACE  
City-State-Zip: CAPE CORAL FL 33993

Title D  
Name JEANTY, CATHERINE A  
Address 3927 NW 45TH TERRACE  
City-State-Zip: CAPE CORAL FL 33993

*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:** DR CRAIG L BACHELLER

**MANAGING DIRECTOR**

**02/24/2021**

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

\_\_\_\_\_  
Date