

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008087

Entity Name: HOPE RISING FOUNDATION, INC.**Current Principal Place of Business:**14162 SW 260 STREET #101
HOMESTEAD, FL 33032**Current Mailing Address:**14162 SW 260 STREET #101
HOMESTEAD, FL 33032**FEI Number: 81-4097360****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NZERIBE, RICHARD
160 NW 176 STREET
SUITE 200-4
MIAMI, FL 33169 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	PD, PRESIDENT
Name	AKU, EDMUND REV.
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

Title	VD, VP
Name	SANCHEZ-RIVER, RICARDO J MD
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

Title	TD, TREASURER
Name	MARTIN, ELLY MS.
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

Title	SD, OTHER
Name	CHAVEZ, ROBERTO MR.
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

Title	SECRETARY
Name	CORTES, LUZ MS.
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

Title	OTHER
Name	RESURRECCION, DORIS
Address	14162 SW 260 STREET #101
City-State-Zip:	HOMESTEAD FL 33032

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: EDMUND AKU**PRESIDENT AND
FOUNDER****03/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date