

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002029

Entity Name: HOPEFULL HANDBAGS GLOBAL, INC.**Current Principal Place of Business:**3501 N PONCE DE LEON BLVD
277
ST AUGUSTINE, FL 32084**Current Mailing Address:**3501 N PONCE DE LEON BLVD
277
ST AUGUSTINE, FL 32084 US**FEI Number:** 82-4626673**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MINER, CATHLENE
3501 N PONCE DE LEON BLVD
277
ST AUGUSTINE, FL 32084 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 PRESIDENT
Name MINER, CATHLENE
Address 3501 N PONCE DE LEON BLVD
 277
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name ERTL, CHRISTENE
Address 701 MARKET ST
 109
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name ROBINSON, CLYDE
Address 45A APT B TENTH ST
City-State-Zip: BARATARIA

Title SECRETARY
Name GIBSON, TAYLER
Address 250 SEGOVIA RD.
City-State-Zip: ST AUGUSTINE FL 32086

Title CFO
Name MINER, BRENDAN
Address 3501 N PONCE DE LEON BLVD
 277
City-State-Zip: ST AUGUSTINE FL 32084

Title VP
Name MIELE, DEBBIE
Address 2505 DEERWOOD LANE
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name ANTENUCCI, DONNA
Address 7-100 DROUIN ST
City-State-Zip: CHATEAUGUY CANADA

Title DIRECTOR
Name MINER, PATRICK
Address 183 HAMPTON HILL DRIVE
City-State-Zip: WILLIAMSVILLE NY 14221

Continues on page 2

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: CATHLENE MINER

PRESIDENT

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BURTON, LEONA
Address	3501 N PONCE DE LEON BLVD 277
City-State-Zip:	ST AUGUSTINE FL 32084