

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

DOCUMENT# N19000010052

**Entity Name:** HOPE'S CLOSET FKB, INC.**Current Principal Place of Business:**2180 NW 12TH AVE  
CRYSTAL RIVER, FL 34428**Current Mailing Address:**2180 NW 12TH AVE  
CRYSTAL RIVER, FL 34428 UN**FEI Number: 84-3133143****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REID, RONNIE G  
9824 W POPLAR ST  
CRYSTAL RIVER, FL 34428 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 P  
Name REID, SHERRY  
Address 9824 W POPLAR ST  
City-State-Zip: CRYSTAL RIVER FL 34428

Title S  
Name STRICKLAND, JUSTIN  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title ASST. SECRETARY  
Name TEASTER, STEPHEN L II  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR  
Name WILSON, KAREN  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title VP  
Name REID, RONNIE  
Address 9824 W POPLAR ST  
City-State-Zip: CRYSTAL RIVER 34428

Title TREASURER  
Name SEEGER, REBECCA  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title ASST. TREASURER  
Name CASH, JANE  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR  
Name GONZALEZ, MELISSA  
Address 2180 NW 12TH AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

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*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: JUSTIN STRICKLAND****SECRETARY****01/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BRAMLETT, MEGAN
Address	2180 NW 12TH AVE
City-State-Zip:	CRYSTAL RIVER FL 34428