

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002761

**Entity Name:** RAY'S HOUSE OF HOPE, INC.**Current Principal Place of Business:**5315 PATRICIA PLACE  
WEEKI WACHEE, FL 34607**Current Mailing Address:**5315 PATRICIA PLACE  
WEEKI WACHEE, FL 34607 US**FEI Number:** 85-0955643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOCH, DENNIS F  
5315 PATRICIA PLACE  
WEEKI WACHEE, FL 34607 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 SCHOCH, JOANNE  
Address 5315 PATRICIA PLACE  
City-State-Zip: WEEKI WACHEE FL 34607

Title TREASURER  
Name LOVE, KELLY  
Address 1326 BENTLEY VENUE  
City-State-Zip: SPRING HILL FL 34608

Title D  
Name CURTIS, ARTHUR  
Address 7660 JOMEL DRIVE  
City-State-Zip: WEEKI WACHEE FL 34607

Title SECRETARY  
Name MORRELL, SHARLENE  
Address 10515 NODDY TERN  
City-State-Zip: WEEKI WACHEE FL 34613

Title VP  
Name KITCHENS, MICHELE  
Address 7660 JOMEL DRIVE  
City-State-Zip: WEEKI WACHEE FL 34607

Title D  
Name REPPER, MARY  
Address 28336 PETERSON CAMP ROAD  
City-State-Zip: BROOKSVILLE FL 34601

Title COO  
Name SCHOCH, DENNIS  
Address 5315 PATRICIA PLACE  
City-State-Zip: SPRING HILL FL 34607

*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:** JOANNE SCHOCH**PRESIDENT****01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date