

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

DOCUMENT# N20000007434

**Entity Name:** FAHOPE, INC.

**Current Principal Place of Business:**

2323 PATE POND RD.  
CARYVILLE, FL 32427

**Current Mailing Address:**

2323 PATE POND RD.  
CARYVILLE, FL 32427

**FEI Number:** 85-0543963

**Certificate of Status Desired:** Yes

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

BROXTON, STEVEN H  
2323 PATE POND RD.  
CARYVILLE, FL 32427 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	Title	S
Name	BROXTON, STEVEN H	Name	HOGANS, RAQUAYQU
Address	2323 PATE POND RD.	Address	2236 PATE POND RD.
City-State-Zip:	CARYVILLE FL 32427	City-State-Zip:	CARYVILLE FL 32427

Title	T
Name	BENNETT, MATTHEW
Address	2490 FAIRBURN RD. SW
City-State-Zip:	ATLANTA GA 30331

*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:** STEVEN H BROXTON

**PRESIDENT**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date