

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010493

Entity Name: FILLED WITH HOPE FOUNDATION, INC.**Current Principal Place of Business:**325 SW 15TH AVE
POMPANO BEACH, FL 33069**Current Mailing Address:**325 SW 15TH AVE
POMPANO BEACH, FL 33069 US**FEI Number:** 85-2622280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID POLLOCK
325 SW 15TH AVE
POMPANO BEACH, FL 33069 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	DAVID ELLIOTT POLLOCK
Address	325 SW 15TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	ST
Name	ROVELYN GILBUELA POLLOCK
Address	325 SW 15TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	AUSTIN DAVID POLLOCK
Address	325 SW 15TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	JAYVIN A GILBUELA
Address	ACC TOWER CEBU BUS PK, 20TH FL
City-State-Zip:	CEBU, 6000 PHL AL

Title	D
Name	RAFFY JOHN A GILBUELA
Address	ACC TOWER CEBU BUS PK, 20TH FL
City-State-Zip:	CEBU, 6000 PHL AL

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: ONE SOURCE SKIN CARE**03/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date