

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

DOCUMENT# N21000005940

**Entity Name:** HOPE 2 HOME FOUNDATION, INC

**Current Principal Place of Business:**

851 W STATE RD 436  
STE. 1005  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

851 W STATE RD 436  
STE. 1005  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 86-3940608

**Certificate of Status Desired:** No

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

RAINEY, EBONI S DR.  
851 W STATE RD 436  
STE. 1005  
ALTAMONTE SPRINGS, FL 32714 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 RAINEY, EBONI S DR.  
Address 851 W STATE RD 436  
STE. 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name ANOTNIO, HAYNES R  
Address 851 W STATE RD 436  
STE. 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title S  
Name JACKSON, JASMINE D  
Address 851 W STATE RD 436  
STE. 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title T  
Name JACKSON, JAVONTE B  
Address 851 W STATE RD 436  
STE. 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title M  
Name ROUZARD, RAMCES  
Address 851 W STATE RD 436  
STE. 1005  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** EBONI RAINEY

**PRESIDENT**

**03/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date