

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000007823

**Entity Name:** HOPE TORCHLIGHTERS SPECIAL NEEDS MINISTRY INC.

**Current Principal Place of Business:**

13806 STATE ROAD 33  
GROVELAND, FL 34736

**Current Mailing Address:**

7965 FL-50  
SUITE 1000-287  
GROVELAND, FL 34736 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAMOS CAMPBELL, JOSCELYN  
7965 FL-50  
SUITE 1000-287  
GROVELAND, FL 34736 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 VP, SECRETARY  
Name RAMOS CAMPBELL, JOSCELYN  
Address 7965 FL-50, SUITE 1000-287  
City-State-Zip: GROVELAND FL 34736

Title P, CO-TRUSTEE  
Name MCCOY, JODIE  
Address 9200 OAK LANE  
City-State-Zip: CLERMONT FL 34711

Title PASTOR, TRUSTEE  
Name MCCOY, TONY PASTOR  
Address 9200 OAK LANE  
City-State-Zip: CLERMONT FL 34736

Title OFFICER, TRUSTEE  
Name MCCOY, ANTHONY B. JR.  
Address 9200 OAK ISLAND LANE  
City-State-Zip: CLERMONT FL 34711

*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:** JOSCELYN RAMOS CAMPBELL

VP, S

02/08/2022

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

\_\_\_\_\_ Date