

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N45972

Entity Name: THE HOPE FOR FAMILIES CENTER, INC.

Current Principal Place of Business:

720 4TH STREET
VERO BEACH, FL 32962

Current Mailing Address:

715 4TH PLACE
VERO BEACH, FL 32962 US

FEI Number: 59-3129752

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLS, MOLLY
715 4TH PLACE
VERO BEACH, FL 32962 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: MOLLY MILLS

09/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JOHNSON, DAVID
Address 720 4TH STREET
City-State-Zip: VERO BEACH FL 32962

Title PRESIDENT
Name CUNNINGHAM, CHARLES
Address 1110 CAROLINA CIRCLE
City-State-Zip: VERO BEACH FL 32962

Title EXECUTIVE DIRECTOR
Name MERCADO, MARGARET
Address 715 4TH PLACE
City-State-Zip: VERO BEACH FL 32962

Title TREASURER
Name ALBRO, BRUCE
Address 4820 ST JAMES AVE
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name SCHMITT, WILLIAM
Address 100 TWIN ISLAND REACH
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name TOMPKINS, RICHARD B DR.
Address 1205 MARINA VILLAGE CIRCLE
#202
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name YOUNG, MILLIE
Address 715 4TH PLACE
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name DOWNEY, DAN
Address 3041 GOLFVIEW DR
City-State-Zip: VERO BEACH FL 32960

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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: MARGARET MERCADO

EXECUTIVE DIRECTOR

09/04/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COX, SCOTT
Address 6555 MARTINIQUE WAY
City-State-Zip: VERO BEACH FL 32967

Title VP
Name DIAZ, ALPHONSO
Address 845 RIOMAR DR
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY
Name SALZBERG, ANITA
Address 254 OCEAN WAY
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name YBANEZ, CAROLE
Address 1926 ANGLERS COVE
City-State-Zip: VERO BEACH FL 32963