

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003193

**Entity Name:** RESTORATION OF HOPE COMMUNITY DEVELOPMENT CENTER, INC.

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC7053883244**

**Current Principal Place of Business:**

322 SW 6TH AVE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

322 SW 6TH AVE  
DELRAY BEACH, FL 33444

**FEI Number: 65-0763304**

**Certificate of Status Desired: No**

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

FASHAW, GREGORY L  
322 SW 6TH AVE  
DELRAY BEACH, FL 33444 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 D  
Name FASHAW, GREGORY LPASTOR  
Address 322 SW 6TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title PD  
Name FASHAW, EVVIE S  
Address 322 SW 6TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title SD  
Name GARVIN, YOLANDA E  
Address 10014 BOYNTON PLACE CIRCLE.  
City-State-Zip: DELRAY BEACH FL 33437

Title TD  
Name JACKSON, REDA  
Address 3901 TRITON IVES DR.  
City-State-Zip: AUBURN GA 30011

Title VSTD  
Name LARKINS, FELICIA  
Address 207 S. W. 8TH CT  
City-State-Zip: DELRAY BEACH FL 33444

*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: GREGORY FASHAW**

**DIRECTOR**

**04/25/2013**

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

\_\_\_\_\_  
Date