

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000025276

**Entity Name:** CARE HOPE HOLDINGS, INC

**Current Principal Place of Business:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 47-4681334

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** SALVINA AMENTA-GRAY

03/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALLEN, LLOYD KIRK  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            SENIOR VICE PRESIDENT,  
ENTERPRISE ASSOCIATE &  
BUSINESS SOLUTIONS  
Name            EDWARDS, DOUGLAS ALLEN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VICE PRESIDENT AND TREASURER  
Name            MARCOUX, JR., ROBERT MARTIN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            VP  
Name            WILSON, RALPH MARTIN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR, TAX  
Name            FELD, DANIEL KEVIN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR  
Name            DIAMOND, SUSAN MARIE  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            CFO  
Name            DIAMOND, SUSAN MARIE  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title            DIRECTOR  
Name            ALLEN, LLOYD KIRK  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL KEVIN FELD

**DIRECTOR, TAX**

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RUSCHELL, JOSEPH MATTHEW  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           VP, ASSOCIATE GENERAL COUNSEL  
                  AND CORPORATE SECRETARY  
Name           RUSCHELL, JOSEPH MATTHEW  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202