

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004511

Entity Name: SOUTHEAST RURAL COMMUNITY ASSISTANCE PROJECT, INC.**FILED**
May 05, 2021
Secretary of State
7382421062CC**Current Principal Place of Business:**347 CAMPBELL AVENUE
ROANOKE, VA 24016**Current Mailing Address:**347 CAMPBELL AVENUE
ROANOKE, VA 24016**FEI Number: 54-1055050****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CUPIT, HOPE F
2135 NW 40TH TERRACE
SUITE A
GAINESVILLE, FL 32605 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	TREASURER
Name	UTT, SHAWN D
Address	347 CAMPBELL AVENUE
City-State-Zip:	ROANOKE VA 24016

Title	PRESIDENT, CHAIRMAN
Name	HAWKINS, SWYNICE
Address	347 CAMPBELL AVENUE
City-State-Zip:	ROANOKE VA 24016

Title	VC
Name	FLEMING, WALT
Address	347 CAMPBELL AVENUE
City-State-Zip:	ROANOKE VA 24016

Title	CEO
Name	CUPIT, HOPE F
Address	347 CAMPBELL AVENUE
City-State-Zip:	ROANOKE VA 24016

Title	SECRETARY
Name	WATSON, MARIE
Address	347 CAMPBELL AVENUE
City-State-Zip:	ROANOKE VA 24016

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: HOPE F. CUPIT**CEO****05/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date