

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001329

Entity Name: THE GARDEN OF HOPE AND COURAGE, INC.**Current Principal Place of Business:**2390 TAMIAMI TRAIL N.
SUITE 108
NAPLES, FL 34103**Current Mailing Address:**2390 TAMIAMI TRAIL N.
SUITE 108
NAPLES, FL 34103 US**FEI Number:** 41-1793877**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MATHIAS, MATTHEW WILLIAM
2025 MERLIN CT.
NAPLES, FL 34105 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:** MATTHEW WILLIAM MATHIAS

01/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD CHAIRMAN
Name MATHIAS, MATTHEW
Address 2025 MERLIN CT.
City-State-Zip: NAPLES FL 34105

Title VCP
Name EMFIELD, ROBERT
Address 27420 HICKORY BLVD
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name EMFIELD, LAURIE
Address 27420 HICKORY BLVD
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name DUTCHER, PHILLIP
Address 350 7TH ST N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name ENDERS, RAE ANN
Address 265 ALBATROSS ST.
City-State-Zip: FT MYERS BEACH FL 33931

Title DIRECTOR
Name GARRETT, DONALD
Address 150 TUPELO RD.
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name HALE, AMY
Address 4657 IDYLWOOD LANE
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name SELVIDIO, BROOKE
Address 3252 ATLANTIC CIRCLE
City-State-Zip: NAPLES FL 34119

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: MATHIAS, MATTHEW**BOARD CHAIR**

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date