

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001029

Entity Name: THERE'S HOPE IN HEALING, INC.**Current Principal Place of Business:**521 FORD RD
HAMPTON, VA 23663**Current Mailing Address:**2511 LUTHER RD #1335
PUNTA GORDA, FL 33983 US**FEI Number:** 46-2614668**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, VERONICA
2511 LUTHER #1335
PUNTA GORDA, FL 33983 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	CP
Name	THOMAS, VERONICA
Address	2511 LUTHER RD #1335
City-State-Zip:	PUNTA GORDA FL 33983

Title	D
Name	MONTGOMERY, SHARON L
Address	47 ZUNI TRAIL
City-State-Zip:	WEST CLIFF CO 81252

Title	S
Name	VANN, DARLEEN
Address	552 42ND STREET
City-State-Zip:	NEWPORT NEWS VA 23607

Title	VC
Name	BECOAT, JOHN
Address	521 FORD RD
City-State-Zip:	HAMPTON VA 23663

Title	D
Name	JOHNSON-GORDON, TONYA
Address	1766 OLD BUCKROE RD
City-State-Zip:	HAMPTON VA 23664

Title	T
Name	WILLIAMS-TOLLIVER, SARAH DR
Address	2401 BRUSH CREEK LANE
City-State-Zip:	VA BEACH VA 23454

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: VERONICA THOMAS

CP

02/18/2017

Electronic Signature of Signing Officer/Director Detail_____
Date