

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003282

Entity Name: HOPE ENTERPRISE CORPORATION OF MISSISSIPPI**Current Principal Place of Business:**4 OLD RIVER PLACE
JACKSON, MS 39202**Current Mailing Address:**4 OLD RIVER PLACE
JACKSON, MS 39202 US**FEI Number:** 64-0851798**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name WISE, ALEX
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name ALLEN, IVYE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name CARRIER, SUSANNAH
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name LINCOLN, BLANCHE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name MILLER, FRED
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name BURGOYNE, ANNE MARIE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name JONES, MAURICE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name LETENDRE, DAN
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

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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: IVYE ALLEN**SECRETARY****03/21/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, MARTHA
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name JEFFERSON, CAROLYN
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title TREASURER/CFO
Name BRANSON, ALAN
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title COO
Name WICKS, PEARL
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name GIBBS, ROBERT
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name BARKSDALE, CLAIBORNE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name CRUDUP, RONNIE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name NOLAN, JEFFREY
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title PRESIDENT/CEO
Name BYNUM, BILL
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title SECRETARY
Name ALLEN, IVYE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name ESPY, MIKE
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name PERCY, BILLY
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202

Title DIRECTOR
Name HAMILTON, HERSCHELL
Address 4 OLD RIVER PLACE
City-State-Zip: JACKSON MS 39202