

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006233

Entity Name: PILLAR OF HOPE, INC.**Current Principal Place of Business:**319 WEST MAIN STREET
SUITE B
APOPKA, FL 32712**Current Mailing Address:**P.O. BOX 685
APOPKA, FL 32704**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PACHECO, THAIS N
319 WEST MAIN STREET
SUITE B
APOPKA, FL 32712 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	PRESIDENT
Name	PACHECO, THAIS N
Address	P.O. BOX 685
City-State-Zip:	APOPKA FL 32704

Title	VP
Name	PACHECO JR., LEONARDO N
Address	P.O. BOX 685
City-State-Zip:	APOPKA FL 32704

Title	EXECUTIVE SECRETARY
Name	PACHECO, SABDY L
Address	P.O. BOX 685
City-State-Zip:	APOPKA FL 32704

Title	TREASURER
Name	WRIGHT, KINDRA
Address	4803 GUERRY DR.
City-State-Zip:	MACON GA 31210

Title	PASTOR
Name	ROBERTS, VERNON
Address	6336 ROYAL TERN ST.
City-State-Zip:	APOPKA FL 32810

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: THAIS N PACHECO**MANAGER/PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date