


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90026 029 ****61.25

DOCUMENT # N01000005883

1. Entity Name
 HOUSE OF HOPE DELIVERANCE CENTER, INC.



Principal Place of Business
 1611 W 33 ST
 RIVIERA BCH, FL 33404

Mailing Address
 PO BOX 10302
 RIVIERA BCH, FL 33419



2. Principal Place of Business
 1233 45th Street
 Suite, Apt. #, etc.
 Suite A-7
 City & State
 West Palm Beach FL.

3. Mailing Address
 1233 45th Street
 Suite, Apt. #, etc.
 Suite A-7
 City & State
 West Palm Beach FL.

4. FEI Number
 65-1136708

5. Certificate of Status Desired \$8.75 Additional Fee Required

03192004 Chg-NP CR2E037 (10/03)

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SINCLAIRE, CARLISSA
 1239 PINE SAGE CIRCLE
 W PALM BCH, FL 33409

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSLEY, JOHN PASTOR 1611 W 33 ST RIVIERA BCH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOBBS, SOPHIA 2100 N AUSTRALIAN AVE APT 415 N W PALM BCH, FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOSLEY, WILLETTE 1611 W 33 ST RIVIERA BCH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERS, ANN 1119 35 ST W PALM BCH, FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Mosley 3/19/04 561-707-5274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #