


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005883
1. Entity Name
HOUSE OF HOPE DELIVERANCE CENTER, INC.



Principal Place of Business 1233 45TH STREET STE A-7 WEST PALM BEACH, FL 33407	Mailing Address 1233 45TH STREET STE A-7 WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1136708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSLEY, JOHN PASTOR 1611 W 33 ST RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOBBS, SOPHIA 2100 N AUSTRALIAN AVE APT 415 N W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOSLEY, WILLETTE 1611 W 33 ST RIVIERA BCH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERS, ANN 1119 35 ST W PALM BCH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/05-80013-024 61.25

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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* 2/2/05 561-841-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #