


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005883 <small>1. Entity Name</small> HOUSE OF HOPE DELIVERANCE CENTER, INC.	
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<small>Principal Place of Business</small> 1233 45TH STREET STE A-7 WEST PALM BEACH, FL 33407	<small>Mailing Address</small> 1233 45TH STREET STE A-7 WEST PALM BEACH, FL 33407
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01062006 No Chg-NP CR2E037 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SINCLAIRE, CARLISSA 1239 PINE SAGE CIRCLE W PALM BCH, FL 33409
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DO NOT WRITE IN THIS SPACE

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** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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UN0000382356
01/12/06-80006-008 61.25

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Mosley 1/8/06 561-841-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #