

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2008  
Secretary of State**

DOCUMENT# N01000005883

Entity Name: HOUSE OF HOPE DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

1233 45TH STREET  
STE A-7  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

2749 EXCHANGE CT.  
STE.  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1233 45TH STREET  
STE A-7  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

2749 EXCHANGE CT.  
STE. 'C  
WEST PALM BEACH, FL 33409

FEI Number: 65-1136708      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MOSLEY, JOHN PASTOR  
Address: 1611 W 33 ST  
City-St-Zip: RIVIERA BCH, FL 33404

Title: DS      ( ) Delete  
Name: HOBBS, SOPHIA  
Address: 2100 N AUSTRALIAN AVE APT 415 N  
City-St-Zip: W PALM BCH, FL 33407

Title: DT      ( ) Delete  
Name: MOSLEY, WILLETTE  
Address: 1611 W 33 ST  
City-St-Zip: RIVIERA BCH, FL 33404

Title: D      ( ) Delete  
Name: ANDERS, ANN  
Address: 1119 35 ST  
City-St-Zip: W PALM BCH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN MOSLEY

PAST

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date