

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2009
Secretary of State**

DOCUMENT# N01000005883

Entity Name: HOUSE OF HOPE DELIVERANCE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2749 EXCHANGE CT.
WEST PALM BEACH, FL 33409

Current Mailing Address:

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

New Mailing Address:

2749 EXCHANGE CT.
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: DP (X) Change () Addition
Name: MOSLEY, JOHN PASTOR
Address: 1049 W. 31ST STREET
City-St-Zip: RIVIERA BCH, FL 33404

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

Title: DT (X) Change () Addition
Name: MOSLEY, WILLETTE
Address: 1049 W. 31ST STREET
City-St-Zip: RIVIERA BCH, FL 33404

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

03/17/2009

Electronic Signature of Signing Officer or Director

Date