

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005883

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** HOUSE OF HOPE DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

2749 EXCHANGE CT.  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2749 EXCHANGE CT.  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

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  
Name: MOSLEY, JOHN PASTOR  
Address: 610 5TH STREET APT. #3  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS  
Name: ENOCH, CHERISME  
Address: 42 22ND STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. MOSLEY

DP

03/07/2011

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

\_\_\_\_\_  
Date