

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005883

FILED
Feb 06, 2012
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: 1049 W. 31ST STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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

02/06/2012

Electronic Signature of Signing Officer or Director

Date