


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90038 028 ****61.25

DOCUMENT # N01000005883

1. Entity Name
HOUSE OF HOPE DELIVERANCE CENTER, INC.



Principal Place of Business
**1611 W 33 ST
RIVIERA BCH FL 33404**

Mailing Address
**PO BOX 10302
RIVIERA BCH FL 33419**

90004329



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-1136708**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOSLEY, JOHN PASTOR	
STREET ADDRESS	1611 W 33 ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOBBS, SOPHIA	
STREET ADDRESS	2100 N AUSTRALIAN AVE APT 415 N	
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOSLEY, WILLETTE	
STREET ADDRESS	1611 W 33 ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERS, ANN	
STREET ADDRESS	1119 35 ST	
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Mosley* **1/7/03** (561) 841-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)