FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P40979 DOCUMENT #
1. Corporation Name

(7)

CITY OF HOPE, A NONPROFIT CORPORATION

Principal Place of Business Mailing Address							(18 Blobd) (III Ald II Dolla (ero) (eath tab) each dian san each each each ser			
208 W. 8TH STREET				208 W. 8TH STREET						
10TH FLOOR				OTH FLOOR						
LOS ANGELES CA 90014 US			LOS ANGELES CA 90014 US					3. Date Incorporated or Qualified 3a. Date of Last Report 06/02/1995		
A D:			1 0-	New York And Advanced		·				
2. Principal Pla	ice of Busines . 8th St		2a. 26	Mailing Address 208 W. 8th	C+			4. FEI Number Applied For Not Applied be Not Applied be		
21 ZOS W . Suite, Apt. #		· · · · · · · · · · · · · · · · · · ·	26	Suite, Apt. #, etc.	St.			\$8.75 Additional		
22	r, etc.		27		& Li	cens	ing	5. Certificate of Status Desired Fee Required		
City & State		Colifornia		City & State Los Angeles	. Co	1:fo	wnib	6. Election Campaign Financing \$5.00 May Be		
Zip Zip	igeres,	California	28	Zip Zip		intry	IIIIa	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24 90014	2	s USA	29	90014	30 US.	A É		Florida Statutes		
		nd Address of Current	Regis		LL. = -			10. Name and Address of New Registered Agent		
						81 N	Jame	Alaman Naufman		
TORRES.	CARMEN					82 S	L ShA teast	Leane Rayman-Kaufman Idress (P.O. Box Number is Not Acceptable)		
7051 W. COMMERCIAL BLVD. #3A				7051			7051	W. Commercial Blyd., #3A		
SUITE 10						83				
	ERDALE FL	33319				84 C	Nis.	B5 Zip Code		
							Ft.	lauderdale FL 33319		
• 11. Pursuant to	o the provision	ns of Sections 617.0502 a	nd 61	7.1508, Florida Statutes	s, the abo	ve-nam	ned corpo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am		
or registere familiar witi	ed agent, or b h, and accept	oth, in the State of Florida the obligations of, Section	. Sucr 1617.	i change was authorize 0503, Florida Statutes	a by the o	corpora	mon s boa	pard of directors. Thereby accept the appointment as registered agent, it am		
SIGNATURE	Mis			u- Kaup	ran					
SIGITATORIE -	Signature, typeo or	printed name of registered agent an			- Registered	Agent sig	gnature requir	uked when reinstating DATE.	ŝ	
12.		OFFICERS AND	DIREC		13.			ADDITIONS GHANGES TO OFFICERS AND DIRECTORS IN 12	3	
TITLE	D	10(14BB A		™ DELETE	11 T			Chairman of the Board Change Addition	5	
NAME	ZIMAN, RI				12 N			Gil N. Schwartzberg	$\tilde{\aleph}$	
STREET ADDRESS		Shire BLVD, Ste. 200)			TREET ADD		3801 S. Broadway	Ä	
CITY-ST-ZIP	BEVERLY	HILLS CA		Thos. szc	_	ITY-\$T-Z	iP J	Los Angeles, CA 90037 Secretary - D Machange Addition	CR2E037 (12/95)	
TITLE	CEOD	CANCORD II		DELETE	217			Levey, Mark B.	_	
NAME), SANFORD M			22 N		6	5860 Uplander Way		
STREET ADDRESS		NUARTE ROAD				TREET ADD		Culver City, CA 90233		
CITY-ST-ZIP	DUARTE (UA		DEFELE	_	CITY - ST - Z	ZIP			
TITLE	AST VAN DED	LEEDEN, TONNY P		Thereit		ITLE		700001869387 - Addition.	ī	
NAME STREET ADDRESS	208 W 8T				1	AME TREET ADD		-00/20/30*-01040*-015		
	LOS ANG					CITY - ST - Z		***70,00		
CITY-ST-ZIP TITLE	AT	EULV VA		™ DELETE	4.1.7			Assistant Secretary		
NAME		O, KATHY A		4.		NAME	jri	homas A. Bagwell		
STREET ADDRESS		TH STREET				TREET ADD		108 W. 8th St.		
CITY-ST-ZIP	LOS ANG					HTY-ST-Z		os Angeles, CA 90014		
TITLE	T	~~~ V V I		5 €DELETE	51 T			reasurer Change Addition		
NAME	KLINE, SI	DNEY L			52 N	IAME		Claire L. Rothman		
STREET ADDRESS		OLYMPIC BLVD., STE.	PH			TREET ADD		3701 Wilshire Blvd., 7th Floor		
CITY-ST-ZIP		ELES CA 90015				ity · St - Z		os Angeles. CA 90014	1	
TITLE	D			DELETE	61T		1	Change Addition	P	
NAME	ARKIN, G	EORGE			621	IAME	1	' P(O)		
STREET ADDRESS		ROXBURY DRIVE			6.3 9	TREET ADD	DRESS 11	.0850 Wilshire Blvd., #740		
) [
14. I do hereb	v certify that to	he information supplied wi	th this	filing is voluntarily furni	shed and	does n	ot qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I have er		
certify that oath; that	t the information I am an office	on indicated on this annua	i repo ition c	rt or supplemental annu or the receiver or trustee	iai report empowe	is true a	and accu	urate and that my signature shall have the same legal effect as if made under this report as required by Chapter 617, Florida Statutes; and that my name		
				_						

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Bagwell

(213) 626-4611

Date 4/15/96

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Daytime Phone #