## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

CITY OF HOPE, A NONPROFIT CORPORATION

## **FILED** Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								) (OBINDAL III OLOLI OBILO FI		IDAN DIDAN DIL	IAI BABUI BABUI	OF DIELE PROPERTY OF THE PROPE	
206 W. BTH STREET			208 W. 8TH ST.				3	Date Incorporated or Qu	alified				
LOS ANGELES CA 90014			ATTN: TAX & LICENSING					10/16/1992					
US			LOS ANGELES CA 80014				4.	FEI Number			1	Applied For	
							İ	95-3435919				ot Applicable	
2. Principal Place of Business			2a. Mailing Address				5. (	Certificate of Status Des	ired	X	\$8.75	Additional	
21			26					OUTINOATA OF CLARAS BOO		<u> </u>	A	Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				I	Election Campaign Final	ncing			May Be to Fees	
22 City & State			City & State					Trust Fund Contribution  Is this nonprofit corporal	lion o be				
23	,	28	28				'. '	is this nonprofit corporat			No	OIT	
Zip	Country		Zip Coun				8.	This corporation owes o	r has pa	id the cur	rent year li	ntangible	
24	25	29	29 30					Personal Property Tax d	ue June	30.	Yes	X No	
	9. Name and Address o	Current Regis	tered Agent						ress of New Registered Agent				
					81	Name							
POPPER, MELANIE						Street /	Address (P.	ddress (P.O. Box Number is Not Acceptable)					
3333 W COMMERCIAL BLVD				}	83				<del></del>				
106					8								
FT LAUDERDALE FL 33309						City	У			FI	B5 Zip Code		
11. Pursuant I	o the provisions of Sections	617 0502 and 6	17.1508. Florida Stat	utes the ab	OVE	-named	corporation	submits this statement	for the r	ourpose o	·     f changing	its registered	
l office or re	egistered agent, or both, in the familiar with, and accept the	he State of Floric	ia. Such change was	s authorized	I DV	the corp	poration's bo	oard of directors. I hereb	y acce	pt the app	ointment a	s registered	
	mamiliai with, and accept t	ne congations of	, 3001011 017.0003, 1	riorida Stati	ııçş								
SIGNATURE _	Signature, typed or printed name of rep	ustered agent and title	It applicable (N	OTE: Registered	Age	nt signature	required when r			DATE			
12.		ERS AND DIREC		13.			A	DDITIONS/CHANGES TO	O OFFIC	CERS AND			
TITLE	COB		DELETE	1,1 TIT							L Change	Addition	
NAME				1.2 NAME									
STREET ADDRESS	3801 S BROADWAY	~~~				ADDRESS							
CITY-ST-ZIP TITLE	LOS ANGELES CA 90037		DELETE			4 CITY-ST-ZIP					Change	Addition	
NAME	SD LI DELETE LEVEY, MARK B		1	2.2 NAME						Onango			
STREET ADDRESS	5860 UPLANDER WAY			4		address							
CITY-ST-ZIP	CULVER CITY CA 90233			1	ITY-ST-ZIP								
TITLE	AST LA DELETE		3.1 TIT			Acciet	ant Secretary		-	Change	☐ Addition		
NAME	VAN DER LEEDEN, TONNY P		3.2 NA				ant Secretary H. Berrick	,		•			
STREET ADDRESS	208 W 8TH ST		3.3 ST	REET			8th St.						
CITY-ST-ZIP	LOS ANGELES CA		3.4. CI	3.4. CITY - ST - ZIP		200 W.	Los A	ngel	es, C	A 9001			
TITLE	AS LSL DELETE		4.1 TIT	4.1 TITLE		Assist	ant Secretary	,		Change	Addition		
NAME	BAGWELL, THOMAS A		4. 2 N/				ven Solton	•					
STREET ADDRESS	208 W. 8TH STREET			4.3 ST				8th St., Los	s And	eles.	CA 90	0014	
CITY-ST-ZIP	LOS ANGELES CA 90014			4.4 CHY-SI-ZIP							<del></del>		
TITLE	T DELETE			5.1 TITLE						Change	☐ Addition		
NAME	ROTHMAN, CLAIRE L			5.2 NA									
STREET ADDRESS 3701 WILSHIRE BLVD. 7TH FLOOR						address							
CITY-ST-ZIP	LOS ANGELES CA 90	U14	☐ DELETE	5.4 CiT		T-ZIP	ļ			<del></del>	☐ Change	☐ Addition	
TITLE	D ADVIN GEODGE		שון טנננונ	6.1 TIT									
NAME	ARKIN, GEORGE	4740		6.2 NA		ADDRESS							
STREET ADDRESS	10850 WILSHIRE BLVI LOS ANGELES CA 90					ADDRESS							
CITY-ST-ZIP	TOO MICHES ON BU	V!7		6.4 CIT	1-5	1-41							

14. 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 annual report or suppliemental annual 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 corposation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.

**SIGNATURE:** 

Sharon H. Berrick

April 8, 1998 (213) 626-4611