

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005883

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

**Current Principal Place of Business:**

914 SUGAR GAP ROAD  
#108  
WAKE FOREST , NC 27587

**Current Mailing Address:**

914 SUGAR GAP ROAD  
#108  
WAKE FOREST , NC 27587 US

**FEI Number: 65-1136708**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DP  
Name MOSLEY, JOHN M PASTOR  
Address 914 SUGAR GAP ROAD  
#108  
City-State-Zip: WAKE FOREST NC 27587

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

Title DT  
Name MOSLEY, WILLETTE  
Address 914 SUGAR GAP ROAD  
#108  
City-State-Zip: WAKE FOREST NC 27587

Title D  
Name ANDERS, ANN  
Address 1119 35 ST  
City-State-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**

**PASTOR**

**03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date