

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001319

Entity Name: VISION OF HOPE CITY OF REFUGE, INC

Current Principal Place of Business:

140 GILMORE STREET
HASTINGS, FL 32145

Current Mailing Address:

PO BOX 1213
HASTINGS, FL 32145

FEI Number: 27-1811113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVE III, THOMAS
115 CHASE STREET
HASTINGS, FL 32145 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 CEOP
Name CAVE, III, THOMAS
Address 115 CHASE STREET/PO BOX 542
City-State-Zip: HASTINGS FL 32145

Title T
Name BOYD, III, LESSIE J
Address 8837 W CHURCH ST/PO BOX 171
City-State-Zip: HASINGS FL 32145

Title D
Name COLEMAN, ANTHONY
Address 208 W VIVIAN DR/PO BOX 113
City-State-Zip: HASTINGS FL 32145

Title VP
Name CAVE, PHYLLIS L
Address 115 CHASE STREET/PO BOX 542
City-State-Zip: HASTINGS FL 32145

Title S
Name JOHNSON, QUENTERIA S
Address 143 PINECREST CIRCLE/PO BOX 441
City-State-Zip: SAN MATEO FL 32187

Title D
Name DIXON, KIMBERLY
Address 321 FEDERAL POINT RD/PO BOX 1134
City-State-Zip: HASTINGS FL 32145

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: THOMAS CAVE, III

CEOP

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date