

2017 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

02/28/2017

Electronic Signature of Signing Officer/Director Detail_____
Date