

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40979

Entity Name: CITY OF HOPE, A NONPROFIT CORPORATION**Current Principal Place of Business:**1500 EAST DUARTE ROAD
DUARTE, CA 91010**Current Mailing Address:**1500 E. DUARTE RD
DUARTE, CA 91010 US**FEI Number:** 95-3435919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREASURER AND CFO
Name	PARKHURST, JENNIFER
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

Title	SECRETARY
Name	O'CALLAHAN, CRISTIN
Address	1500 E. DUARTE RD.
City-State-Zip:	LOS ANGELES CA 90017

Title	DIRECTOR
Name	FASANO, PHILIP
Address	1500 EAST DUARTE RD
City-State-Zip:	DUARTE FL 91010

Title	DIRECTOR
Name	SARGENT, RONALD
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

Title	DIRECTOR
Name	STEELE, GLENN
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

Title	DIRECTOR
Name	POST, WILLIAM
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

Title	DIRECTOR
Name	BRUSER, BARBARA
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

Title	DIRECTOR
Name	FINK, STEVEN
Address	1500 E. DUARTE RD
City-State-Zip:	DUARTE CA 91010

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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: JENNIFER PARKHURST

CFO

05/01/2023

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHU, MORGAN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title ASSISTANT SECRETARY
Name BERTELL, KRISTIN
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name VAUTRINOT, SUZANNE
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name ISAKOW, SELWYN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title ASSISTANT TREASURER
Name MATTHEWSON, DONALD
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title PRESIDENT
Name OKALA, PHILIP
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010