

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2007  
Secretary of State**

DOCUMENT# 742474

Entity Name: THE CATHEDRAL OF HOPE, INC.

**Current Principal Place of Business:**

11450 SW 187 STREET  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

12990 SW 186 TERR  
MIAMI, FL 33177 US

**New Mailing Address:**

FEI Number: 65-0136374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAMUEL, HEWLESTER A.  
12990 SW 186 TERR  
MIAMI, FL 33177 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAMUEL, HEWLESTER A., (RE  
Address: 12990 SW 186TH TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: VD ( ) Delete  
Name: SAMUEL, ANITA (REV),  
Address: 12990 SW 186TH TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: SD ( ) Delete  
Name: SAMUEL, HEWLESTER A., G.  
Address: 12990 SW 186TH TERRACE  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HEWLESTER A. SAMUEL

PD

03/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date