

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90013 003 \*\*\*\*61.25

**DOCUMENT # N02000006596**

1. Entity Name

CITY OF HOPE MINISTRY, INC.



-Principal Place of Business

1523 WEST POWDERHORN ROAD  
TITUSVILLE FL 32796

Mailing Address

1523 WEST POWDERHORN ROAD  
TITUSVILLE FL 32796

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-0111918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**54018448**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

RODNEY, GIFFORD M REV.  
515 NORTH WASHINGTON AVENUE  
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODNEY, GIFFORD M REV.  
STREET ADDRESS 1523 WEST POWDERHORN ROAD  
CITY- ST- ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE VD  
NAME RODNEY, SADIE R  
STREET ADDRESS 1523 WEST POWDERHORN ROAD  
CITY- ST- ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE SD  
NAME ROBERTS, NOREEN S  
STREET ADDRESS ROCK-PIT ROAD APT. 8C  
CITY- ST- ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE D  
NAME TAYLOR, WANDA M  
STREET ADDRESS ROCK PIT ROAD APT. 11C  
CITY- ST- ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE TD  
NAME BRYANT, BETTY  
STREET ADDRESS 2803 HICKORY CIRCLE  
CITY- ST- ZIP MIMS FL 32754 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gifford M. Rodney* **03-12-04 321-269-0609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #