

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001319

FILED
Apr 05, 2011
Secretary of State

Entity Name: VISION OF HOPE CITY OF REFUGE, INC

Current Principal Place of Business:

140 GILMORE STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

PO BOX 1213
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 27-1811113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

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

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

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

Title: D
Name: DIXON, KIMBERLY
Address: 321 FEDERAL POINT RD/PO BOX 1134
City-St-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

04/05/2011

Electronic Signature of Signing Officer or Director

Date