

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003344

FILED  
Jun 16, 2005  
Secretary of State

Entity Name: CITY OF HOPE FELLOWSHIP, INC.

**Current Principal Place of Business:**

6461 PROCTOR ROAD  
SARASOTA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19555  
SARASOTA, FL 34276

**New Mailing Address:**

FEI Number: 65-0765821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

YOUNG, ROBERT SCOTT  
6461 PROCTOR ROAD  
SARASOTA, FL      US

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

YOUNG, ROBERT S  
6461 PROCTOR ROAD  
SARASOTA, FL      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: RS YOUNG

06/16/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: HARING, GEORGE  
Address: 2950 BRAVURA LAKE DR.  
City-St-Zip: SARASOTA, FL

Title: PD      ( ) Delete  
Name: YOUNG, ROBERT SCOTT  
Address: 6461 PROCTOR RD  
City-St-Zip: SARASOTA, FL

Title: DT      ( ) Delete  
Name: SCHWARTZ, GARY  
Address: 2253 ROSELAWN STREET  
City-St-Zip: SARASOTA, FL

Title: D      ( ) Delete  
Name: ALBRITTON, DAVID  
Address: 150 HERONS RUN DR., #102  
City-St-Zip: SARASOTA, FL

Title: D      (X) Delete  
Name: MCCARTER, JOHN  
Address: 6972 COUNTRY LAKES CIR  
City-St-Zip: SARASOTA, FL

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

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

Title: PD      (X) Change ( ) Addition  
Name: YOUNG, ROBERT S  
Address: 6461 PROCTOR RD  
City-St-Zip: SARASOTA, FL

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 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 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: RS YOUNG

P

06/16/2005

Electronic Signature of Signing Officer or Director

Date