

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003344

FILED
May 01, 2006
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 S
6461 PROCTOR ROAD
SARASOTA, FL 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: DS () Delete
Name: HARING, GEORGE
Address: 2950 BRAVURA LAKE DR.
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: YOUNG, ROBERT S
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

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:

Title: D (X) Change () Addition
Name: ZEA, ROBB
Address: 5661 OAKSHIRE AVE.
City-St-Zip: SARASOTA, FL

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: ROBERT S YOUNG

P

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date