

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN -2 AM 8:14

DOCUMENT # P40979 (7)

1. Corporation Name
CITY OF HOPE, A NONPROFIT CORPORATION

Principal Place of Business 208 W. 8TH STREET LOS ANGELES CA 90014 US	Mailing Address 208 W. 8TH STREET LOS ANGELES CA 90014 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 95-3435919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 10th Floor	2a. Mailing Address Suite, Apt. #, etc. 10th Floor
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	25. Zip Country
26. Zip Country	29. Zip Country
27. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent

TORRES, CARMEN
7051 W. COMMERCIAL BLVD. #3A
SUITE 105
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	ZIMAN, RICHARD S
STREET ADDRESS	9107 WILSHIRE BLVD, STE. 200
CITY - ST - ZIP	BEVERLY HILLS CA 90210
TITLE	PCEO
NAME	SHAPERO, SANFORD M
STREET ADDRESS	1500 E. DUARTE ROAD
CITY - ST - ZIP	DUARTE CA 91010
TITLE	VAST
NAME	WARREN, KAREN M
STREET ADDRESS	1500 E. DUARTE ROAD
CITY - ST - ZIP	DUARTE CA 91010
TITLE	V
NAME	MARCARIO, KATHY A
STREET ADDRESS	208 W. 8TH STREET
CITY - ST - ZIP	LOS ANGELES CA
TITLE	T
NAME	KLINE, SIDNEY L
STREET ADDRESS	1543 W. OLYMPIC BLVD., STE. PH
CITY - ST - ZIP	LOS ANGELES CA 90015
TITLE	D
NAME	ARKIN, GEORGE
STREET ADDRESS	2024 S. ROXBURY DRIVE
CITY - ST - ZIP	LOS ANGELES CA 90035

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY - ST - ZIP		
21. TITLE	CEO (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE	Assistant Secretary (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Tony P. Van Der Leeden	
33. STREET ADDRESS	208 W. 8th St.	
34. CITY - ST - ZIP	Los Angeles, CA 90014	
41. TITLE	Assistant Treasurer (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy A Marcario* Assistant Treasurer April 17, 1995 213/626-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)