


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90036 008 \*\*\*\*70.00

**DOCUMENT # P40979**  
 1. Entity Name  
 CITY OF HOPE, A NONPROFIT CORPORATION



Principal Place of Business  
 1055 WILSHIRE BLVD  
 12TH FLOOR  
 LOS ANGELES, CA 90017 US

Mailing Address  
 1500 E. DUARTE  
 ATTN: TAX & LICENSING #147#151  
 DUARTE, CA 91010

40010593



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 95-3435919

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

WIZNER, JOAN  
 3333 W COMMERCIAL BLVD  
 106  
 FT LAUDERDALE, FL 33309

Name  
 N/A

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 N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BLACKWOOD, TERRY 1500 E. DURATE RD DUARTE, CA 91010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVEY, ALAN S 1055WILSHIRE BLVD., 12 TH FLOOR LOS ANGELES, CA 90017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOLTON, E. STEVEN 1055 WILSHIRE BLVD., 12TH FLOOR LOS ANGELES, CA 90017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, ROBERT 1500 E. DURATE RD. LOS ANGELES, CA 90017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARKIN, GEORGE 10850 WILSHIRE BLVD. #740 LOS ANGELES, CA 90014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRIEDMAN, MICHAEL A CEO 1500 EAST DUARTE ROAD DUARTE, CA 91010 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Kathleen L. Kane 1055 Wilshire Blvd 12th Floor Los Angeles, CA 90017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Terry W Blackwood Terry W Blackwood-CFO/Treasurer 01/26/05 (626) 256-HOPE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #