

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002185

Entity Name: CATHEDRAL OF HOPE MINISTRY, INC.**Current Principal Place of Business:**230 NW 2 AVENUE
DELRAY BEACH, FL 33444**Current Mailing Address:**PO BOX 5574
LAKE WORTH, FL 33461 US**FEI Number: 13-4230304****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HUDSON, EL PAGNIER K.
230 N.W. 2ND AVENUE
DELRAY BEACH, FL 33444 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DR.
Name MCCANTS, ELLECYA R
Address 4134 SOUTH WEBBER DRIVE
City-State-Zip: HOUSTON TX 77584

Title DR
Name BARNHART, WILLIAM
Address 1559 SOUTH CONGRESS AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title MR.
Name ELLISON, LARRY
Address 4232 N.W. 25TH PLACE
City-State-Zip: LAUDERHILL FL 33313

Title MR.
Name HUDSON, WINSTON G
Address 230 N.W. 2ND AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title MRS.
Name HUDSON, EL PAGNIER K
Address 230 N.W. 2ND AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title MS
Name JOAN, MURRAY
Address C/O 4134 S WEBBER DRIVE
City-State-Zip: PEARLAND TX 77584

Title BOARD ADMINISTRATOR
Name CYNTHIA, WILSON
Address PO BOX 5574
City-State-Zip: LAKE WORTH FL 33461

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: ELPAGNIER K HUDSON**REGISTERED AGENT****06/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date