

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002381

**Entity Name:** CITY OF HOPE INTERNATIONAL, INC.

**Current Principal Place of Business:**

705 CLEVELAND AVENUE  
WILDWOOD, FL 34785

**Current Mailing Address:**

P.O.BOX 540  
WILDWOOD, FL 34785 US

**FEI Number:** 46-5029263

**Certificate of Status Desired:** No

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

KNODT, JENNY L  
30319 LETTINGWELL CIRCLE  
WESLEY CHAPEL, FL 33543 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:** JENNY L KNODT

04/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BARTON, GENE  
Address 2195 CALLAWAY DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title OTHER, AUXILIARY BOARD  
Name KEEN, WILLIAM  
Address 7275 CR 219  
City-State-Zip: WILDWOOD FL 34785

Title PRESIDENT, DIRECTOR  
Name WILSON, JOE  
Address 743 EVANS WAY  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name BECK, JILL  
Address 409 SE 49TH AVE  
City-State-Zip: OCALA FL 34471

Title VC, DIRECTOR  
Name CLINE, RANDY  
Address 2534 FUSSELL WAY  
City-State-Zip: THE VILLAGES FL 32163

Title SECRETARY, DIRECTOR  
Name NELSON, EDNA  
Address 1041 DENTSVILLE LANE  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name HARMAN, BOB  
Address 8268 SE 161ST STREET  
City-State-Zip: SUMMERFIELD FL 34491

Title DIRECTOR  
Name JONES, TOM  
Address 1396 FOREST ACRES  
City-State-Zip: THE VILLAGES FL 32162

**Continues on page 2**

*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:** GENE BARTON

VICE PRESIDENT

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHNELL, MARTY DR.  
Address        PO BOX 2013  
City-State-Zip: LADY LAKE FL 32158

Title           PASTOR, DIRECTOR  
Name           MOSLEY, MALCOLM  
Address        606 WEST CLARK STREET  
City-State-Zip: WILDWOOD FL 34785