

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002381

Entity Name: CITY OF HOPE INTERNATIONAL, INC.**Current Principal Place of Business:**4738 NE 49TH BLVD
WILDWOOD, FL 34785**Current Mailing Address:**4738 NE 49TH BLVD
WILDWOOD, FL 34785 US**FEI Number:** 46-5029263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTSON, VIRGINIA
4738 NE 49TH BLVD
WILDWOOD, FL 34785 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:** VIRGINIA ROBERTSON

03/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name STARKEY, MARY
Address 3296 SENNETT CIRCLE
City-State-Zip: OXFORD FL 34484

Title PRESIDENT
Name ROBERTSON, LEN
Address 629 INNER CIRCLE
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name CLASEN, WILLIAM
Address 2076 DOVE HOLLOW RUN
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name MCBRIDE, SETH
Address 1417 SW 17TH STREET
City-State-Zip: OCALA FL 34471

Title TREASURER
Name CASTALDO, JOHN
Address 625 INNER CIRCLE
City-State-Zip: THE VILLAGES FL 32162

Title SECRETARY
Name O'DELL, PATRICIA
Address 1990 HARSTON TRAIL
City-State-Zip: THE VILLAGES FL 32162

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

Title DIRECTOR
Name PERRY, REV. EDMUND
Address 113 LYONIA LANE
City-State-Zip: WILDWOOD FL 34735

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: LEN ROBERTSON

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCRACKEN, THOMAS F
Address 2211 CALLAWAY DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name NACAXE, ANDRE
Address 3252 SENNETT CIRCLE
City-State-Zip: OXFORD FL 34484