

**2020 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:**

PRESUTTO, DIANNA  
705 CLEVELAND AVENUE  
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:** DIANNA PRESUTTO

01/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title            TREASURER  
Name            BENJAMIN, RANDY  
Address        1831 YANKEE CLIPPER RUN  
City-State-Zip: THE VILLAGES FL 32162

Title            DIRECTOR  
Name            BECK, JILL  
Address        7145 POWELL ROAD  
City-State-Zip: WILDWOOD FL 34785

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*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:** MALCOLM MOSLEY

**DIRECTOR**

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HARMAN, BOB  
Address        4680 BELLWETHER LANE  
                  APT 115  
City-State-Zip: OXFORD FL 34484

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