

**2015 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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, D, CEO  
Name COTTO, BISHOP SAMUEL SAMUEL  
Address 35120 MEADOW REACH DRIVE  
City-State-Zip: ZEPHYRHILLS FL 33541

Title VP, DIRECTOR  
Name MOSLEY, MALCOLM  
Address 1305 LOUIS COURT  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name LIMA, RICK  
Address PO BOX 328  
City-State-Zip: COLEMAN FL 33521

Title DIRECTOR  
Name STARKEY, MARY  
Address 1411 LORIS LOOP  
City-State-Zip: THE VILLAGES FL 32162

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

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

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

Title DIRECTOR  
Name BARTON, GENE  
Address 2195 CALLAWAY DRIVE  
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:** BISHOP SAMUEL COTTO

**CEO**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JOHNSON, JERMAIN  
Address 450 CLAY AVE.  
#604  
City-State-Zip: LADY LAKE FL 32159

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

Title DIRECTOR  
Name OROZCO, CRISTOPHER  
Address 1654 MT. CROGHAN TRAIL  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR, CHAPLAIN  
Name WASHBURN, PASTOR GARY  
Address 1204 MANDARIN LANE  
City-State-Zip: FRUITLAND PARK FL 34731