

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002381

FILED
Jan 28, 2022
Secretary of State
5977667985CC

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

01/28/2022

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 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

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

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: MARY STARKEY

PRESIDENT

01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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