

2016 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

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	DIRECTOR
Name	STARKEY, MARY	Name	ANDERSON, BILL
Address	3296 SENNETT CIRCLE	Address	27027 OLD ENGLISH COURT
City-State-Zip:	OXFORD FL 34484	City-State-Zip:	LEESBURG FL 34748
Title	VP	Title	PRESIDENT
Name	CASTALDO, JOHN	Name	ROBERTSON, LEN
Address	625 INNER CIRCLE	Address	629 INNER CIRCLE
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162
Title	SECRETARY	Title	DIRECTOR
Name	O'DELL, PATRICIA	Name	CLASEN, WILLIAM
Address	1990 HARSTON TRAIL	Address	2076 DOVE HOLLOW RUN
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162
Title	DIRECTOR	Title	DIRECTOR
Name	BARTON, GENE	Name	MCBRIDE, SETH
Address	2195 CALLAWAY DRIVE	Address	1417 SW 17TH STREET
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	OCALA FL 34471

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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: LEN ROBERTSON**PRESIDENT**

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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