

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003344

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**7068731068CC**

**Entity Name:** CITY OF HOPE FELLOWSHIP, INC.

**Current Principal Place of Business:**

1560 WENDELL KENT RD.  
SARASOTA, FL

**Current Mailing Address:**

P.O. BOX 19555  
SARASOTA, FL 34276

**FEI Number:** 65-0765821

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YOUNG, ROBERT S  
1560 WENDELL KENT RD  
SARASOTA, FL 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 D  
Name POSNIEWSKI, JIM  
Address 3761 SECOR RD.  
City-State-Zip: VENICE FL

Title PD  
Name YOUNG, ROBERT S  
Address 1560 WENDELL KENT RD.  
City-State-Zip: SARASOTA FL

Title DT  
Name SCHWARTZ, GARY  
Address 2253 ROSELAWN STREET  
City-State-Zip: SARASOTA FL

Title D  
Name BERWALD, CHARLES  
Address 141 LOOKOUT POINT DR  
City-State-Zip: OSPREY FL

Title D  
Name ALBRITTON, DAVE  
Address 1040 MARLIN LAKES CIR #1612  
City-State-Zip: SARASOTA FL

*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:** ROBERT YOUNG

PD

04/05/2019

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

\_\_\_\_\_  
Date