

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003344

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

**Current Principal Place of Business:**

2300 LAKEWOOD RANCH BLVD  
SARASOTA, FL 34240

**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  
2300 LAKEWOOD RANCH BLVD  
SARASOTA, FL 34240 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 GOMEZ, LEO  
Address 273 PORTOFINO DR  
City-State-Zip: NORTH VENICE FL

Title PD  
Name YOUNG, ROBERT S  
Address 2300 LAKEWOOD RANCH BLVD  
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 6939 W COUNTRY CLUB DR N #259  
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

P

04/30/2023

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

\_\_\_\_\_  
Date