

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40979

FILED
May 27, 2020
Secretary of State
6956153566CC

Entity Name: CITY OF HOPE, A NONPROFIT CORPORATION

Current Principal Place of Business:

1500 EAST DUARTE ROAD
DUARTE, CA 91010

Current Mailing Address:

ATTN: TAX & LICENSING
1500 E. DUARTE RD
DUARTE, CA 91010 US

FEI Number: 95-3435919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 TREASURER AND CFO
Name PARKHURST, JENNIFER
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title SECRETARY
Name SCHETINA, GREGORY D
Address 1500 E. DUARTE RD.
City-State-Zip: LOS ANGELES CA 90017

Title DIRECTOR
Name CLINTON, MALISSIA J
Address 1500 EAST DUARTE RD
City-State-Zip: DUARTE CA 91010

Title PRESIDENT, CEO
Name STONE, ROBERT
Address 1500 E. DUARTE RD.
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name PAYSON, NORMAN
Address 1500 EAST DUARTE RD
City-State-Zip: DUARTE FL 91010

Title DIRECTOR
Name SARGENT, RONALD
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name STEELE, GLENN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name POST, WILLIAM
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

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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: JENNIFER PARKHURST

CFO

05/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRUSER, BARBARA
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name BEATTY, RANDOLPH
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name ISAKOW, SELWYN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title ASSISTANT SECRETARY
Name WALKER, JEFFREY
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name FASANO, PHILIP
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name FINK, STEVEN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name CHU, MORGAN
Address 1500 E. DUARTE RD
City-State-Zip: DUARTE CA 91010

Title ASSISTANT SECRETARY
Name BERTELL, KRISTIN
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title ASSISTANT TREASURER
Name MATTEWSON, DONALD
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010

Title DIRECTOR
Name VAUTRINOT, SUZANNE
Address 1500 EAST DUARTE ROAD
City-State-Zip: DUARTE CA 91010