

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40979

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC9787315263**

**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:** Yes

**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 INTERIM CFO  
Name VAN DEN BERG, COR  
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 BILLER, SHERI J  
Address 1500 EAST DUARTE RD  
City-State-Zip: DUARTE CA 91010

Title PRESIDENT  
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 CAPELLO, ALEXANDER  
Address 1500 E. DUARTE RD  
City-State-Zip: DUARTE CA 91010

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

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

**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:** CORNELIS VAN DEN BERG

**INTERIM CFO**

**04/25/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name HOROWITZ MARSH, JODY  
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