

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703497 (8)**  
1. Corporation Name  
**HOPE LUTHERAN CHURCH, INC.**



Principal Place of Business: **2001 PARK ROAD PLANT CITY FL 33566**  
Mailing Address: **2001 PARK ROAD PLANT CITY FL 33566**

3. Date Incorporated or Qualified: **01/23/1962**  
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-1775008**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **WAGNER, ROBERT E. 3503 N WILDER RD. PLANT CITY FL 33565**  
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert E. Wagner* **ROBERT E. WAGNER** DATE: **5-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STOKES, STEVE	1.2 NAME	MCCLURE JEFF
STREET ADDRESS	3101 N WILDER RD	1.3 STREET ADDRESS	5307 CINDY KAY DR
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL
TITLE	VD	2.1 TITLE	UP
NAME	MCCLURE, JEFF	2.2 NAME	SHEEL, ROBERT
STREET ADDRESS	5307 CINDY KAY DR	2.3 STREET ADDRESS	2837 HAMMOCK DR.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	PLANT CITY, FL
TITLE	TD	3.1 TITLE	
NAME	ELENBAAS, GORDON	3.2 NAME	
STREET ADDRESS	605 FAIRWAY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	DUBOSE, MILLIE	4.2 NAME	
STREET ADDRESS	1005 N MARYLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	M	5.1 TITLE	
NAME	WAGNER, ROBERT	5.2 NAME	
STREET ADDRESS	3503 N WILDER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon J. Elenbaas* DATE: **5-1-96** DAYTIME PHONE #: **8137574622**

CR2E037 (12/95)