

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 22 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>01/23/1962</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1775008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WAGNER, ROBERT E.**  
**3503 N WILDER RD.**  
**PLANT CITY FL 33585**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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* (NOTE: Registered Agent signature required when reinstating) DATE **8-19-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLURE, JEFF	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHEEL, ROBERT	
STREET ADDRESS	2837 HAMMOCK DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELENBAAS, GORDON	
STREET ADDRESS	605 FAIRWAY COURT	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUBOSE, MILLIE	
STREET ADDRESS	1005 N MARYLAND AVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WAGNER, ROBERT	
STREET ADDRESS	3503 N WILDER RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STORCK, DAVID	
1.3 STREET ADDRESS	4208 PLATT ROAD	
1.4 CITY-ST-ZIP	PLANT CITY, FL 33565	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCLURE, JEFF	
2.3 STREET ADDRESS	5307 CINDY KAY DRIVE	
2.4 CITY-ST-ZIP	PLANT CITY, FL 33567	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHEEL, MARGARET	
4.3 STREET ADDRESS	2837 HAMMOCK DRIVE	
4.4 CITY-ST-ZIP	PLANT CITY, FL 33567	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *R. Wagner* SIGNATURE REQUIRED **8-19-97** **817 751 2161**

CR2E037 (4/97)