

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703497

1. Entity Name

HOPE LUTHERAN CHURCH, INC.

Principal Place of Business

2001 PARK ROAD
PLANT CITY FL 33566

Mailing Address

2001 PARK ROAD
PLANT CITY FLA 33566-2038

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1775008

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

-6.-Name and Address of Current Registered Agent

WAGNER, ROBERT E.
3503 N WILDER RD.
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name RONALD TALBOT *Business Mgt.*

Street Address (P.O. Box Number is Not Acceptable)
116 ALLEMANDE DRIVE

City PLANT CITY FL Zip Code 33567

8. 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 *Ronald Talbot Business Mgt.* 2/7/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-rating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STORCK, DAVID	
STREET ADDRESS	4208 PLATT RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, JEFF	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input checked="" 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	SCHEEL, MARGARET	
STREET ADDRESS	2837 HAMMOCK DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, ROBERT	
STREET ADDRESS	3503 N WILDER RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VOIGTMANN, MAYNARD	
STREET ADDRESS	37803 CR 54 W.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOIGTMANN, MAYNARD	
STREET ADDRESS	7314 APPLGATE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAL ANKLAM	
STREET ADDRESS	610 FAIRWAY COURT	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK TRIVUNOVICH	
STREET ADDRESS	2306 BEECHWOOD COURT	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN RESCHKE	
STREET ADDRESS	3470 SILVERSTONE COURT	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD TALBOT	
STREET ADDRESS	116 ALLEMANDE DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 33567	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Talbot Business Mgt.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

813-752-4622
Daytime Phone #

CR2E037 (9/99)