

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90165 016 ****61.25

0067317

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 FL 33566**

605335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-1775008**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TALBOT, RONALD
 116 ALLEMANDE DR
 PLANT CITY FL 33567**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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* (NOTE: Registered Agent signature required when reinstating) DATE: 1/08/01

**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 NAME: VOIGTMANN, MAYNARD STREET ADDRESS: 7314 APPLGATE DR CITY-ST-ZIP: ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE: VD NAME: ANKLAM, HAL STREET ADDRESS: 610 RAIWAY COURT CITY-ST-ZIP: PLANT CITY FL 33565	<input type="checkbox"/> Delete
TITLE: TD NAME: TRIVUNOVICH, NICK STREET ADDRESS: 2306 BEECHWOOD COURT CITY-ST-ZIP: PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: RESCHKE, KAREN STREET ADDRESS: 3470 SILVER STONE COURT CITY-ST-ZIP: PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE: M NAME: TALBOT, RONALD STREET ADDRESS: 116 ALLEMANDE DR CITY-ST-ZIP: PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MELVOSA, Douglas. C. STREET ADDRESS: 280 8TH ST. E. CITY-ST-ZIP: TIERRA VERDE, FL. 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/08/01 813-753-4622 Daytime Phone #

CR2E037 (10/00)