


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90189 042 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1775008**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TALBOT, RONALD
~~116 ALLEMANDE DR~~ **208 VINE ST.**
PLANT CITY FL 33567 **33563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSEN, DANE 2109 CLUBHOUSE DRIVE PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REAGIN, TOM 2613 CLARESIDE DRIVE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	PD REAGIN, TOM 2613 CLARESIDE DRIVE VALRICO, FL. 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESCHKE, KAREN 3470 SILVER STONE COURT PLANT CITY FL 33567	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TALBOT, RONALD 116 ALLEMANDE DR PLANT CITY FL 33567	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 208 VINE ST 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, LEV 2800 CYPRESS COURT PLANT CITY FL 33567	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 Reschke* (RONALD TALBOT) 1/22/03 813-752-4622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)