


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 028 ****61.25

DOCUMENT # 719713					
1. Entity Name HOPE FELLOWSHIP COMMUNITY CHURCH, INC.					
Principal Place of Business 3218 MELALEUCA DRIVE W PALM BEACH, FL 33406			Mailing Address 3218 MELALEUCA DRIVE W PALM BEACH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2277872	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURGESS, GERALD 14773 69 DR. NORTH PALM BEACH GARDENS, FL 33418				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) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BURGESS, GERALD			NAME	
STREET ADDRESS	14773 69 DR NORTH			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CULP, DAVID			NAME	
STREET ADDRESS	8898 155 PLACE N.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WILEY, DEBBIE			NAME	
STREET ADDRESS	284 FEATHER POINT NORTH			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JACKSON, BRYAN			NAME	
STREET ADDRESS	4092 126TH DRIVE N.			STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP	
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	RYAN, JAKE			NAME	Jeffery Boutet
STREET ADDRESS	1029 NORTH OAKRIDGE CIRCLE APTD			STREET ADDRESS	1225 14th Avenue North
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP	Lake Worth FL 33460
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WEIDENHAMER, GARY			NAME	
STREET ADDRESS	13930 151 LANE NORTH			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478			CITY-ST-ZIP	
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: <i>Gary Weidenhamer</i>		Date: 7-18-04		Daytime Phone #: 561 575-5895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

071004163



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