

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**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



01202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2277872</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURGESS, GERALD  
 14773 69 DR. NORTH  
 PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000601855  
 01/26/07-80067-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGESS, GERALD 14773 69 DR NORTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULP, DAVID 8898 155 PLACE N. PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILEY, DEBBIE 284 FEATHER POINT NORTH JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BRYAN 4092 126TH DRIVE N. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTET, JEFFERY 1225 14TH AVENUE NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIDENHAMER, GARY 13930 151 LANE NORTH JUPITER, FL 33478

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Gary Weidenhamer* **Gary Weidenhamer** **1-21-07** **561 439-406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #