FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:04

DOCUMENT # 732270 (4)

1. Corporation Name
LIVING HOPE COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
2111 N E 36TH AVENUE OCALA FL 34470-126 US	2111 N E 36TH AVENUE OCALA FL 34470-126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1975
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1948985 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMMONS, GERALD E.
1131 SE 43RD TERRACE
OCALA FL 32671

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	~~D~~	☒ Change ☐ Addition
NAME	SIMMONS, GERALD E.	1.2 NAME	BLANCHARD, KEN	OFF
STREET ADDRESS	1131 S.E. 43RD TERRACE	1.3 STREET ADDRESS	3096 N. E. 31st Place	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL 34479	
TITLE	D	2.1 TITLE	~~D~~	☒ Change ☐ Addition
NAME	BLANCHARD, KEN	2.2 NAME	Mitchell, Judy	OFF
STREET ADDRESS	6836 NE 3RD PL	2.3 STREET ADDRESS	HRC 35, Box 683	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	TENANTS HARBOR ME 04860	
TITLE	SD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LIBBY, BETH	3.2 NAME	SPARKMAN, Hilda	
STREET ADDRESS	RT 1 BOX 971	3.3 STREET ADDRESS	1244 N.E. 12th PLACE	
CITY-ST-ZIP	ANTHONY FL 32617	3.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MITCHELL, JUDY	4.2 NAME	Lilly, Bettie	
STREET ADDRESS	1529 C NE 39TH AVE.	4.3 STREET ADDRESS	415 S.E. 32nd Ave	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	5.1 TITLE	~~D~~	☒ Change ☐ Addition
NAME	RUPPEL, DAVID	5.2 NAME	Ruppel, David	OFF
STREET ADDRESS	1815 CYPRESS PT RD	5.3 STREET ADDRESS	1815 Cypress Pt. Rd.	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	DS	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DAUBENMIRE, DICK	6.2 NAME	Tucker, Wendell	
STREET ADDRESS	2538 S.E. 16TH STREET	6.3 STREET ADDRESS	3401 N.E. 32nd Court	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA, FL 34471	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald E. Simmons 1-18-95 904-622-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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