

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **732270** (4)

1. Corporation Name

LIVING HOPE COMMUNITY CHURCH, INC.



Principal Place of Business

**2111 N E 36TH AVENUE
OCALA FL 34470-126
US**

Mailing Address

**2111 N E 36TH AVENUE
OCALA FL 34470-126
US**

3. Date Incorporated or Qualified
03/25/1975

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1948985

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

Country

25

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BLANCHARD, KEN**
STREET ADDRESS **3096 NE 31ST PLACE**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **(P.D.) Simmons, Gerald E** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1131 S.E. 43rd Terrace**
1.4 CITY-ST-ZIP **OCALA, FL 34471-4894**

TITLE **O** ☒ DELETE
NAME **BLANCHARD, KEN**
STREET ADDRESS **3096 NE 31ST PLACE**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE **(D) Lilly, Bettie** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **415 S.E. 22nd Avenue**
2.4 CITY-ST-ZIP **OCALA, FL 34471**

TITLE **SD** ☒ DELETE
NAME **LIBBY, BETH**
STREET ADDRESS **RT 1 BOX 971**
CITY-ST-ZIP **ANTHONY FL 32617**

3.1 TITLE **(D) Libby, Steve** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **211 S.W. 29th place**
3.4 CITY-ST-ZIP **OCALA, FL 34474**

TITLE **O** ☒ DELETE
NAME **MITCHELL, JUDY**
STREET ADDRESS **HRC 35, BOX 683**
CITY-ST-ZIP **TENANTS HARBOR ME**

4.1 TITLE **(D) Spunkman, Hilda** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1244 N.E. 12th place**
4.4 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **O** ☒ DELETE
NAME **RUPPEL, DAVID**
STREET ADDRESS **1815 CYPRESS PT RD**
CITY-ST-ZIP **OCALA FL**

5.1 TITLE **(D) Tucker, Wendell** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **3401 N.E. 22nd Court**
5.4 CITY-ST-ZIP **OCALA, FL 34479**

TITLE **DS** ☐ DELETE
NAME **DAUBENMIRE, DICK**
STREET ADDRESS **2538 S.E. 16TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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** (Gerald E. Simmons) president/director

4-9-96

(352) 622-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone #

CR2E037 (12/95)