FILE NOW: FILING FEE IS $61.25

FILED
Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34470-3126 US

3. Date Incorporated or Qualified: **03/25/1975**
3a. Date of Last Report: **04/12/1996**

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

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

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, GERALD E		1.2 NAME		
STREET ADDRESS	1131 SE 43RD TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LILLY, BETTIE		2.2 NAME		
STREET ADDRESS	415 SE 22ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIBBY, S		3.2 NAME		
STREET ADDRESS	211 SW 29TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPARKMAN, HILDA		4.2 NAME		
STREET ADDRESS	1244 NW 12TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	TUCKER, WENDELL		5.2 NAME	D Christian, Dave	
STREET ADDRESS	3401 NE 22ND COURT		5.3 STREET ADDRESS	802 S.E. 30th Ave	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	DS	☑ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	DAUBENMIRE, DICK		6.2 NAME	D Brickey, Frank	
STREET ADDRESS	2538 S.E. 16TH STREET		6.3 STREET ADDRESS	387 S.E. 9th St.	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	Ocala, FL 34480	

CR2E037 (9/96)

14. I do 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 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 Pres. & Director 3-4-97 352-622-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065589