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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732270

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/25/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1948985 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMMONS, GERALD E.
1131 SE 43RD TERRACE
OCALA FL ~~32671~~ 34471

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 Gerald E. Simmons (Signed by Mistake) No Change of Registered Agent 2-16-99
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	☐ 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	MEWBORNE, ANNE		2.2 NAME		
STREET ADDRESS	3540 SE 24TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	LIBBY, S		3.2 NAME	LIBBY, BETH	
STREET ADDRESS	211 SW 29TH PLACE		3.3 STREET ADDRESS	2115 W. 29th Place	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIAN, DAVE		4. 2 NAME		
STREET ADDRESS	802 S.E. 30TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRICKEY, FRANK		5.2 NAME		
STREET ADDRESS	383 S.E. 90TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	DAUBENMIRE, DICK	
STREET ADDRESS			6.3 STREET ADDRESS	2538 SE 16th ST.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OCALA, FL. 34471	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ~~Gerald E. Simmons~~ President/Director 2-16-99 (352)622-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #