DOCUMENT # 732270

1. Entity Name

LIVING HOPE COMMUNITY CHURCH, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90064 022 ****61.25

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1948985 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMMONS, GERALD E 1131 SE 43RD TERRACE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEWBORNE, ANNE 3540 SE 24TH AVE OCALA FL 34471	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERN, LISA 3031-B S.E. 5TH TERR. OCALA, FL. 34471	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIBBY, BETH 211 SW 29TH PLACE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTIAN, DAVE 802 S.E. 30TH AVE. OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, BILL 10904 NE 41ST TERR. ANTHONY, FL. 32617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICKEY, FRANK 383 S.E. 90TH ST. OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUBENMIRE, DICK 2538 SE. 16 ST OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: Gerald E. Simmons 1-8-2001 1-352-622-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #