# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2005**
**Secretary of State**

DOCUMENT# 732270

**Entity Name:** LIVING HOPE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

2111 N E 36TH AVENUE
OCALA, FL 34470126 US

**New Principal Place of Business:**

**Current Mailing Address:**

2111 N E 36TH AVENUE
OCALA, FL 34470126 US

**New Mailing Address:**

**FEI Number: 59-1948985** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | SIMMONS, GERALD E | |
| Address: | 1131 SE 43RD TERRACE | |
| City-St-Zip: | OCALA, FL | |
| Title: | D | ( ) Delete |
| Name: | MATTHEWS, TRACY | |
| Address: | 1340 N.E. 54TH STREET | |
| City-St-Zip: | OCALA, FL 34479 | |
| Title: | D | ( ) Delete |
| Name: | BRICKEY, FRANK | |
| Address: | 383 SE 90TH ST | |
| City-St-Zip: | OCALA, FL 34480 | |
| Title: | D | ( ) Delete |
| Name: | GREENE, ANDY | |
| Address: | P.O. BOX 366 | |
| City-St-Zip: | ANTHONY, FL 32617 | |
| Title: | D | ( ) Delete |
| Name: | ROSENQUIST, GEORGETTA | |
| Address: | 7921 S.W.5TH PLACE | |
| City-St-Zip: | OCALA, 34 34471 | |
| Title: | D | ( ) Delete |
| Name: | ANTONOVICH, JOHN | |
| Address: | 2375 S.E. 39TH STREET | |
| City-St-Zip: | OCALA, FL 34480 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD E. SIMMONS PD 01/18/2005

Electronic Signature of Signing Officer or Director — Date