

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732270

FILED
Jan 07, 2008
Secretary of State

Entity Name: LIVING HOPE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

2111 N E 36TH AVENUE
OCALA, FL 344703126 US

New Principal Place of Business:

Current Mailing Address:

2111 N E 36TH AVENUE
OCALA, FL 344703126 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 34471

Title: D () Delete
Name: GRENON, CAROL
Address: 1020 N.E. 30TH AVE. #105
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: LIBBY, BETH
Address: 1015 SE 8TH STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: NEWKIRK, PAUL
Address: 5350 N.E. 61ST AVE. RD.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: CLEMENTS, BOB
Address: 920 N.W. 42 ND ST.
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: STERMER, ROBERT
Address: 2040 SE 33RD STREET
City-St-Zip: Ocala, FL 34471

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
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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 exemption stated in Chapter 119, 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 SIMMONS

RA

01/07/2008

Electronic Signature of Signing Officer or Director

Date