

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 003 ****70.00

DOCUMENT # 752395 1. Entity Name HOPE COMMUNITY FELLOWSHIP OF THE ASSEMBLIES OF GOD OF THE CITY OF TITUSVILLE OF THE STATE OF FLO					
Principal Place of Business 2929 OLD CHANEY HIGHWAY TITUSVILLE, FL 32780			Mailing Address 2929 OLD CHANEY HIGHWAY TITUSVILLE, FL 32780		
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 59-2410749	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HACKENBERG, ROGER III 2929 OLD CHANEY HWY TITUSVILLE, FL 32780			Name HACKENBERG - ROGER II Street Address (P.O. Box Number is Not Acceptable) SAME City SAME FL Zip Code SAME		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SIMPSON, RUFUS		NAME		
STREET ADDRESS	4203 GROVEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAKOWIZC, ED		NAME		
STREET ADDRESS	1293 LITTLE OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SIDNEY, TAYLOR		NAME		
STREET ADDRESS	4125 HEMLOCK LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, BENNIE		NAME		
STREET ADDRESS	2895 KINGFISHER WAY		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☒ Change ☒ Addition	
NAME	HACKENBERG, ROGER III		NAME	PD HACKENBERG ROGER II	
STREET ADDRESS	2929 CHEVEY HIGHWAY		STREET ADDRESS	SAME	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	SAME	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SWALLOW, MARK		NAME		
STREET ADDRESS	78181 FALLING LEAF PLACE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
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: <i>Sidney M. Taylor</i> SIDNEY M. TAYLOR Treasurer 1/31/05 321-267-4043 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					