2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State
07-19-2006 90005 035 ****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	Mailing Address
2929 OLD CHANEY HIGHWAY TITUSVILLE, FL 32780	2929 OLD CHANEY HIGHWAY TITUSVILLE, FL 32780

07172006 Chg-NP CR2E037 (4/06)

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 ☐ Applied For ☐ Not Applicable

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 II 2929 OLD CHANEY HWY TITUSVILLE, FL 32780	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, RUFUS 4203 GROVEWOOD LANE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALI ORAL 931 YORKTOWNE DR. ROCKLEDGE, FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKOWIZC, ED 1293 LITTLE OAK CIRCLE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS JEFF 6990 BELFAST AVE PORT ST. JOHN, FL 32927	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIDNEY, TAYLOR 4125 HEMLOCK LANE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, BENNIE 2895 KINGFISHER WAY MIMS, FL 32754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HACKENBERG, ROGER II 2929 CHEVEY HIGHWAY TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWALLOW, MARK 78181 FALLING LEAF PLACE MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sidney M. Taylor SIDNEY M. TAYLOR SECRETARY 7/16/06 321-267-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #