

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:43

DOCUMENT # **N10582** (7)
1. Corporation Name
NEW HOPE EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business Mailing Address
% REV. ROBERT M. KRUEGER
870 HOLLYWOOD BOULEVARD
WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1985** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-2155844** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEGER, ROBERT M.
870 HOLLYWOOD BOULEVARD
WEST MELBOURNE FL 32904

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert M. Krueger*
Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

January 20th, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED
NAME	JOHNSON, CHARLES
STREET ADDRESS	1716 HUBBARD DR.
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	DS
NAME	MALLOW, DALE
STREET ADDRESS	2150 HARLOCK ROAD
CITY - ST - ZIP	MELBOURNE FL
TITLE	PD
NAME	REMSTEDT, RICHARD
STREET ADDRESS	5300 LAKE WASHINGTON ROAD
CITY - ST - ZIP	MELBOURNE FL
TITLE	D
NAME	FRASER, PATRICK
STREET ADDRESS	1860 ARDMORE ST., NE
CITY - ST - ZIP	PALM BAY FL
TITLE	DT
NAME	RICHMEYER, TIMOTHY
STREET ADDRESS	282 VELVEI AVE NE
CITY - ST - ZIP	PALM BAY FL
TITLE	M
NAME	KRUEGER, ROBERT M.
STREET ADDRESS	1307 ARMORY DR., NE
CITY - ST - ZIP	PALM BAY FL

1.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDNER, RON	
1.3 STREET ADDRESS	1101 FLOTILLA CLUB DR	
1.4 CITY - ST - ZIP	INDIAN HARBOUR BEACH, FL 32901	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, DON	
2.3 STREET ADDRESS	1304 ELCON DRIVE	
2.4 CITY - ST - ZIP	MELBOURNE, FL 32909	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHMIDT, ROGER	
3.3 STREET ADDRESS	320 Thomas Barbours DRIVE	
3.4 CITY - ST - ZIP	MELBOURNE, FL 32935	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICELI, JOSEPH	
4.3 STREET ADDRESS	1270 Shell Count NE	
4.4 CITY - ST - ZIP	PALM BAY, FL 32907	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy J. Richmeyer* **TIMOTHY J RICHMEYER** 1/15/95 407 984 1671
Signature and typed or printed name of signing officer or director