


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90225 040 ****70.00

DOCUMENT # N10582

1. Entity Name
NEW HOPE EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business
**870 HOLLYWOOD BLVD
WEST MELBOURNE FL 32904
US**

Mailing Address
**870 HOLLYWOOD BLVD
WEST MELBOURNE FL 32904
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2155844**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RAETHER, DALE
870 HOLLYWOOD BOULEVARD
WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent
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 *Dale Raether* **2-18-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

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	
T RICHMEYER, TIM 282 VELVET AVE NE PALM BAY FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P MILLER, DONALD 1304 ELCON DR MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete	PRESIDENT JOHN BLACKLEDGE P.O. BOX 100047 Palm Bay, FL 32910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S BILS, STEPHEN H 704 JOHN CARROL LANE W MELBOURNE FL 32904	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BILS, TONY 496 N RIVER OAKS DR MELBOURNE FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D JOHNSON, CHARLIE 1716 HUBBARD DR ROCKLEDGE FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GOELZER, DAVID 702 BAY VIEW CT MELBOURNE FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale Raether* **2-18-03 321-768-1500**

CR2E037 (10/02)