

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Jan 24 1996 8:00 am  
Secretary of State

**DOCUMENT # 746987 (7)**

1. Corporation Name

**HOPE LUTHERAN CHURCH**

Principal Place of Business

Mailing Address

**1840 N.E. 41ST STREET  
POMPANO BEACH FL 33064**

**1840 N.E. 41ST STREET  
POMPANO BEACH FL 33064**



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

3. Date Incorporated or Qualified

**04/30/1979**

3a. Date of Last Report

**03/13/1995**

4. FEI Number

**59-6044095**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WALKER, TOM  
896 SE 13 STREET  
DEERFIELD BEACH FL 33441**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **FRENCH, BRUCE**  
STREET ADDRESS **2630 NE 23 STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PD** ☐ DELETE  
NAME **WALKER, TOM**  
STREET ADDRESS **896 SE 13 STREET**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **TD** ☐ DELETE  
NAME **KRUMENACKER, PAT**  
STREET ADDRESS **411 CARAMBOLA CIRCLE SO.**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME **Grady, Mildred**  
1.3 STREET ADDRESS **919 N.E. 26th Avenue**  
1.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **4131 Carambola Circle South**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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:

*Pat Krumenacker* **PAT Krumenacker**

**1/20/96**

**305 522-1440 X240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)