


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90163 020 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746987					
1. Corporation Name HOPE LUTHERAN CHURCH					
Principal Place of Business 1840 N.E. 41ST STREET POMPANO BEACH FL 33064			Mailing Address 1840 N.E. 41ST STREET POMPANO BEACH FL 33064		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6044095	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334			81 Name BIRCH VERMILLION 82 Street Address (P.O. Box Number is Not Acceptable) 1840 NE 41 STREET 83 84 City POMPANO BEACH FL 85 Zip Code 33064		

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 *Re* DATE 4-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, MILDRED	1.2 NAME	DANE SKUDA
STREET ADDRESS	919 NE 26TH AVENUE	1.3 STREET ADDRESS	430 S.W. 18 COURT
CITY-ST-ZIP	POMPANO FL	1.4 CITY-ST-ZIP	POMPANO BEACH FLORIDA 33060
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISMAN, KENT	2.2 NAME	BIRCH VERMILLION
STREET ADDRESS	3181 NE 8TH AVE	2.3 STREET ADDRESS	1840 NE 41 STREET
CITY-ST-ZIP	OAKLAND PARK FL 33334	2.4 CITY-ST-ZIP	POMPANO BEACH FLORIDA 33064
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THALER, ORVILLE G	3.2 NAME	JAY MINDLIN
STREET ADDRESS	1840 NE 41 ST	3.3 STREET ADDRESS	2865 NE 15 STREET
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH FLORIDA 33064
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Birch Vermillion* DATE: 4-11-99 DAYTIME PHONE: 954 942 2570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)