## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 8:00 am **Secretary of State DOCUMENT # 746987** 1. Entity Name 02-27-2006 90080 015 \*\*\*\*70.00 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-6044095 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEER, HARRY J Street Address (P.O. Box Number is Not Acceptable) **1840 NE 41 STREET** POMPANO BCH FL 33064 Pompano Beach City 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. 1-25=06 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Change Addition DEER, HARRY J Hill, John A. NAME NAME 1840 NE 41 STREET 1840 NE 41 STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-7IP Pompano Beach, Florina 33064 VD TITLE ☐ Delete TITLE ■ Addition WARD, DAVID NAME NAME 2758 NE 34 STREET STREET ADDRESS STREET ADDRESS POMPANO BCH FL 33064 CITY-ST-ZIP CITY-ST-7/F □ Delate TITLE Change --- Addition -TITLE MINDLIN, JAY NAME STREET ADDRESS 2865 NE 15 ST STREET ADDRESS POMPANO BCH FL 33064 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE

12. I hereby certify that the information supplied with this filing does not apalify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier estal 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 hustee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

TIREASUROR

1-29-06

FILED

·954-942-2570/