FILED

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

Jan 15, 2003 8:00 am § Secretary of State **DOCUMENT # 746987** 01-15-2003 90191 017 ****70.00 HOPE LUTHERAN CHURCH Principal Place of Business Mailing Address 1840 N.E. 41ST STREET 1840 N.E. 41ST STRFFT POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-6044095 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Deer, Harry J. VERMILLION, BIRCH Street Address (P.O. Box Number is Not Acceptable) 1840 NE 41 Street 1840 NE 41 STREET POMPANO BCH FL 33064 Pompano Beach, FL 33064 City 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 SIGNATURE Harry J. Deer Signature, typed or printed name of re-(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE PD Change DEER, JACK ☐ Addition NAME NAME Deer, Harry J. STREET ADDRESS 3740 NE 13 TERRACE STREET ADDRESS 1840 NE 41 Street CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP Pompano Beach, FL-33064 TITLE PD Delete TITLE VERMILLION, BIRCH NAME NAME Ward, David STREET ADDRESS **1840 NE 41 STREET** STREET ADDRESS 27-5.8 #NE .. 34 - Street - - - -CITY-ST-ZIP POMPANO BCH FL 33064 CITY-ST-ZIP Lighthouse Point, FL 33064 TITLE ☐ Delete TITLE NAME MINDLIN, JAY Change Addition NAME 2865 NE 15 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BCH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 of tribute empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP