


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 701011	
1. Entity Name HOPE LUTHERAN CHURCH OF BRADENTON, FLORIDA, INC.	

Principal Place of Business 4635 26 STREET WEST BRADENTON, FL 34207	Mailing Address 4635 26 STREET WEST BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6229389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPANGLER, REYNOLD
4635 26 ST. W.
BRADENTON, FL 34207

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, CHARLES 4635 26 ST. W. BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPANGLER, REYNOLD 4635 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUENCH, GLORIA 4635 26 STREET WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAYTON, KENNETH 4635 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/05-80064-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Reynold Spangler 3-11-05 (941) 755-3256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Reynold Spangler