


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90085 014 ****61.25

DOCUMENT # 709210	
1. Entity Name HOPE UNITED CHURCH OF CHRIST, INC.	

Principal Place of Business 2555 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955	Mailing Address 2555 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955
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40002512



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0881758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, CLARICE REV 2555 S FISKE BLVD ROCKLEDGE, FL 32955		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GOFF, MELANIE 75 N PALMWAY AVE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CAIN, MICHAEL 5346 INDIGO CROSSING DRIVE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADMUS, DAVE SR. 1825 Laurel Oak Drive Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADMUS, JR, DAVID 1718 HUBBARD DR. ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, MARK 1244 Winding Meadows Road Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAWKES, LEAH JEAN 1012 SABAL GROVE DR ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROOD, SALLY 1368 HAGON LN ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leah Jean Hawkes **LEAH JEAN HAWKES** 1/09/08 321-636-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #