5/ 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 05, 2000 8:00 am Secretary of State **DOCUMENT # 715495** HOPE PRESBYTERIAN CHURCH OF BRADENTON-INC 05-23-2000 90212 020 ****61.25 Principal Place of Business Mailing Address 4455 30TH STREET EAST 4455 30TH STREET EAST **BRADENTON FL 34203** BRADENTON FL 34203-3807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-6179030 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ISEICHEL J. ALDEN Street Address (P.O. Box Number is Not Acceptable) WEICHEL, J. ALDEN 4119 RIVERVIEW BLVD., WEST **BRADENTON FL 34209** Zig Code 2 c 9 BRADENTON 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. De lete Addition TITLE TITLE ' NAME CLARK, DANIEL W NAME STREET ADDRESS STREET ADDRESS 9611 BRADEN RUN CITY-ST-ZIP CITY-ST-78 **BRADENTON FL** Change ☐ Addition TITLE ☐ Delete TITLE WEICHEL, J. ALDEN 1311 70 ST NW WEICHEL, J. ALDEN NAME NAME STREET ADDRESS STREET ADDRESS 4119 RIVERVIEW BLVD., WEST-BRADENTON CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TITLE ☐ Change . 🔲 Addition TITLE ☐ Delete WITHROW, ROBERT B. NAME NAME STREET ADDRÉSS STREET ADDRESS 5533 21ST STREET COURT E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Delete TITLE ☐ Change Addition TITLE Panier D. Goodgan 6825 Whatman Pl NAME NAME STREET ADDRESS STREET ADDRESS 34243 Garagoda Fi CITY-ST-ZIP CITY-ST-ZIP DTLE Delete TITO F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Oalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: