FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:31

DOCUMENT # 723272 (1)

1. Corporation Name

HOPE LUTHERAN CHURCH OF EAST ORANGE COUNTY,FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
COUNTY FLORIDA INCORPORATED 2600 NORTH DEAN ROAD ORLANDO FL 32817	COUNTY FLORIDA INCORPORATED 2600 NORTH DEAN ROAD ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1972
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1405448 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SCHRAMM, DR. FREDERICK J. (DR)
2600 NORTH DEAN ROAD
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President/D	☒ Change ☐ Addition
NAME	THOMAS, GAIL	1.2 NAME	Haworth, Thomas	
STREET ADDRESS	9413 LAKE DOUGLAS PLACE	1.3 STREET ADDRESS	9417 Buxton Court	
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	VD	2.1 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	HONOLD, PAUL	2.2 NAME	Friedrich, Jeffrey	
STREET ADDRESS	3051 GOLDSBORO PL	2.3 STREET ADDRESS	9405 Lake Douglas Place	
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SCHELL, SYLVIA	3.2 NAME	Owens, Mrs Fenna	
STREET ADDRESS	1818 LACROSSE AVE.	3.3 STREET ADDRESS	1302 Sherman Street	
CITY-ST-ZIP	ORLANDO FL 32826	3.4 CITY-ST-ZIP	Orlando, FL 32828	
TITLE	TD	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BOWER, HELEN	4.2 NAME	Honold, Paul	
STREET ADDRESS	14118 GREENSIDE CT.	4.3 STREET ADDRESS	3051 Goldsboro Place	
CITY-ST-ZIP	ORLANDO FL 32826	4.4 CITY-ST-ZIP	Oviedo,FL 32765	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an alteration.

SIGNATURE: _____ 1/26/95 6524205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034323