

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified

04/26/1972

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1405448

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0509, Florida Statutes.

SIGNATURE

[Signature]
Signature of officer or printed name of registered agent and their applicable title (NOTE: Registered Agent signature required when reinstating)

[Signature]
Signature of officer or printed name of registered agent and their applicable title (NOTE: Registered Agent signature required when reinstating)

4/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWORTH, THOMAS	
STREET ADDRESS	9417 BUXTON COURT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDRICH, JEFFREY	
STREET ADDRESS	9405 LAKE DOUGLAS PLACE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OWENS, MRS FENNA	
STREET ADDRESS	1302 SHERMAN STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HONOLD, PAUL	
STREET ADDRESS	3051 GOLDSBORO PLACE	
CITY - ST - ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Vice President VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mrs. Gail Thomas
2.3 STREET ADDRESS	9413 Lake Douglas Place
2.4 CITY - ST - ZIP	Orlando, FL., 32817
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001843781
5.3 STREET ADDRESS	-05/30/96--01014--024
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 from an establishment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

DATE

Daytime Phone #

CR2E037 (12/95)