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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32817COUNTY FLORIDA INCORPORATED  
2600 NORTH DEAN ROAD  
ORLANDO FL 32817-27353. Date Incorporated or Qualified  
04/26/19723a. Date of Last Report  
05/29/19964. FEI Number  
59-1405448Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME HAWORTH, THOMAS  
STREET ADDRESS 9417 BUXTON COURT  
CITY-ST-ZIP ORLANDO FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME WILDE, LESLIE  
1.3 STREET ADDRESS 1114 Ballyshannon Parkway  
1.4 CITY-ST-ZIP Orlando, FL.TITLE V ☒ DELETE  
NAME THOMAS, GAIL  
STREET ADDRESS 9413 LAKE DOUGLAS PLACE  
CITY-ST-ZIP ORLANDO FL 328172.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Rousseau, Mrs Pam  
2.3 STREET ADDRESS 1017 Guy Road  
2.4 CITY-ST-ZIP Orlando, FLTITLE ☐ DELETE  
NAME OWENS, MRS FENNA  
STREET ADDRESS 1302 SHERMAN STREET  
CITY-ST-ZIP ORLANDO FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME HONOLD, PAUL  
STREET ADDRESS 3051 GOLDSBORO PLACE  
CITY-ST-ZIP OVIEDO FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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 address.

SIGNATURE: *Leslie Wilde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

Daytime Phone # 0017356

CR2E037 (9/96)