

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

4. FEI Number

59-1405446

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

Leslie Wilde

82 Street Address (P.O. Box Number is Not Acceptable)

1114 BALLYSHANNON PARKWAY

83

84 City

ORLANDO

FL

85 Zip Code

32828

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

April 14, 1998
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
WILDE, LESLIE
1114 BALLYSHANNON PARKWAY
ORLANDO FL

TITLE ☒ DELETE

D
ROUSSEAU, MRS. PAM
1017 GUY RD
ORLANDO FL

TITLE ☒ DELETE

D
OWENS, MRS FENNA
1302 SHERMAN STREET
ORLANDO FL

TITLE ☒ DELETE

D
HONOLD, PAUL
3051 GOLDSBORO PLACE
OVIEDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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, typed or printed name of signing officer or director

Leslie Wilde
Signature, typed or printed name of signing officer or director

April 14, 1998
DATE

407-659-4556
Daytime Phone #

CR2E037 (10/97)