

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90156 021 ****61.25

DOCUMENT # 723272

1. Entity Name
**HOPE LUTHERAN CHURCH OF EAST ORANGE
COUNTY, FLORIDA, INCORPORATED**



Principal Place of Business
**HOPE LUTHERAN CHURCH
2600 NORTH DEAN ROAD
ORLANDO, FL 32817**

Mailing Address
**HOPE LUTHERAN CHURCH
2600 NORTH DEAN ROAD
ORLANDO, FL 32817**

20030130



03182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1405446

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDRICH, JEFF
14437 STAMFORD COURT
ORLANDO, FL 32828**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRIEDRICH, JEFF ☐ Delete
STREET ADDRESS 14437 STAMFORD COURT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VINCENT, CRYSTAL M ☐ Delete
STREET ADDRESS 20408 MELLVILLE ST.
CITY-ST-ZIP ORLANDO, FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MILLER, JEFFREY W ☐ Delete
STREET ADDRESS 14621 RIVIERA POINTE DRIVE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☒ Change ☐ Addition
NAME **Miller, Jeffrey W.**
STREET ADDRESS **14621 RIVIERA POINTE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Burns, Richard**
STREET ADDRESS **1110 SHAFER TRAIL**
CITY-ST-ZIP **ORLANDO FL 32865**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Richard Burns (Richard Burns) 4/8/05 407-651-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #