

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 723560**

1. Entity Name

HOPE EVANGELICAL LUTHERAN CHURCH, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90010 049 ****61.25

Principal Place of Business

PO BOX 2070
9425 N.CITRUS SPRINGS BLVD.
DUNNELLON FL 34430
US

Mailing Address

PO BOX 2070
9425 N.CITRUS SPRINGS BLVD.
DUNNELLON FL 34430
US

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 **59-1891169**

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

MATTHEWS, DREW
5233 N MALLOWS CIR
BEVERLY HILLS FL 34465

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MATTHEWS, DREW**
STREET ADDRESS **5233 N. MALLOWS CIRCLE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **MIELKE, KEN**
STREET ADDRESS **19666 SW 88 LOOP**
CITY-ST-ZIP **DUNNELLON FL 34432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **WILLMOTT, HELEN**
STREET ADDRESS **10342 N HOLCOMB DR**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BREISCH, DEWEY**
STREET ADDRESS **14796 SW 112 CIRCLE**
CITY-ST-ZIP **DUNNELLON FL 34432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOVIS, JAMES**
STREET ADDRESS **219 E LEON LOOP**
CITY-ST-ZIP **HERNANDO FL 34442**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **KUEBLER, SHARON**
STREET ADDRESS **19382 SW 101PL RD**
CITY-ST-ZIP **DUNNELLON FL 34432**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)