



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 723560 1. Entity Name HOPE EVANGELICAL LUTHERAN CHURCH, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JAN 30 PM 4:31	
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DEWEY, BREACH 14796 SW-112 CIRCLE DUNNELLON, FL 34432				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEWS, DREW			NAME			
STREET ADDRESS	5233 N. MALLOWS CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS, FL 34465			CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MIELKE, KEN			NAME	PIFER, Diane		
STREET ADDRESS	19666 SW 88 LOOP			STREET ADDRESS	9040 N GOIFVIEW DR		
CITY-ST-ZIP	DUNNELLON, FL 34432			CITY-ST-ZIP	CITRUS SPRINGS, FL 34434		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLMOTT, HELEN			NAME			
STREET ADDRESS	10342 N HOLCOMB DR			STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434			CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEWEY, BREACH			NAME			
STREET ADDRESS	14796 SW-112 COURT			STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON, FL 34432			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOVIS, JAMES			NAME			
STREET ADDRESS	219 E LEON LOOP			STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442			CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHRIELY, CONNIE			NAME			
STREET ADDRESS	2359 W. FRANIVERY LANE			STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON, FL 34432			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: <u>Diane Pifer</u> Diane Pifer/Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/28/04 352-489-5511 <small>Date Daytime Phone #</small>			