2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90081 001 ****61.25

DOCUMENT # 723560

1. Entity Name
HOPE EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
PO BOX 2070 9425 N.CITRUS SPRINGS BLVD. DUNNELLON, FL 34430 US	PO BOX 2070 9425 N.CITRUS SPRINGS BLVD. DUNNELLON, FL 34430 US

01132005 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 59-1891169 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEWEY, BREACH
14796 SW 112 CIRCLE
DUNNELLON, FL 34432

7. Name and Address of New Registered Agent

Name: CONNIE SHIRLEY
Street Address (P.O. Box Number is Not Acceptable): 9708 S.W. 97TH ST
City: OCALA FL Zip Code: 34481

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: Connie Shirley CONNIE SHIRLEY 2/16/05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, DREW 5233 N. MALLOWS CIRCLE BEVERLY HILLS, FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. SHIRLEY, CONNIE 9708 S.W. 97TH ST. OCALA, FL 34481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIFER, DIANE 9040 N GOLFVIEW DR CITRUS SPRINGS, FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES DE TUERK, CONSTANCE 10150-N. OCEAN DR. CITRUS SPRINGS, FL 34434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLMOTT, HELEN 10342 N HOLCOMB DR CITRUS SPRINGS, FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-TREAS. ZIMMERMAN, SANDRA 830 S. THYME PT HOMOSASSA, FL 34448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEWEY, BREACH 14796 SW 112 COURT DUNNELLON, FL 34432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-TREAS. REED, SUSAN 11690 S.W. 138TH LN DUNNELLON, FL 34432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOVIS, JAMES 219 E LEON LOOP HERNANDO, FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MUDD, HELEN 6840 S.E. 54TH LN OCALA, FL 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHRIELY, CONNIE 2359 W. FRANIVERY LANE DUNNELLON, FL 34432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BAKER, BERNIE 8852 S.W. 205TH CIRCLE DUNNELLON, FL 34431	☐ Change ☐ Addition

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: Connie Shirley 2/16/05 352-291-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #