2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723560

FILED Mar 07, 2007 Secretary of State

Entity Name: HOPE EVANGELICAL LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 2070 9425 N. CITRUS SPRINGS BLVD. 9425 N. CITRUS SPRINGS, FL 34434

DUNNELLON, FL 34430 US

Current Mailing Address: New Mailing Address:

PO BOX 2070 PO BOX 2070

9425 N.CITRUS SPRINGS BLVD. DUNNELLON, FL 34430 US DUNNELLON, FL 34430 US

FEI Number: 59-1891169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SHIRLEY, CONNIE
 WILSON, ERNIE

 9708 SW 97TH ST
 19950 SW 96TH LANE

 OCALA, FL 34481 US
 DUNNELLON, FL 34432 US

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: ERNIE WILSON 03/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 SHIRLEY, CONNIE
 Name:
 WILSON, ERNIE

 Address:
 9708 SW 97TH ST
 Address:
 19950 SW 96TH LANE

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:
 DUNNELLON, FL 34432

Title: VP () Delete Title: VP (X) Change () Addition Name: DE TUERK, CONSTANCE Name: BAKER, BERNIE

 Address:
 10150 N. OCEAN DR
 Address:
 9027 SW 196TH COURT

 City-St-Zip:
 CITRUS SPRINGS, FL 34434
 City-St-Zip:
 DUNNELLON, FL 34432

Title: T () Delete Title: T (X) Change () Addition

 Name:
 ZIMMERMAN, SANDRA
 Name:
 KAHLER, DIANE

 Address:
 830 S. THYME PT
 Address:
 8714 SW 194TH COURT

 City-St-Zip:
 HOMOSASSA, FL 34448
 City-St-Zip:
 DUNNELLON, FL 34432

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad (\) {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 BAKER, BARBARA

 Address:
 Address:
 9027 SW 196TH COURT

 City-St-Zip:
 City-St-Zip:
 DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNIE WILSON P 03/07/2007