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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726248

1. Corporation Name

HOPE EVANGELICAL LUTHERAN CHURCH OF WEST PALM BEACH, FLORIDA, INC.

Principal Place of Business

970 PIKE ROAD
 WEST PALM BEACH FL 33411

Mailing Address

970 PIKE ROAD
 WEST PALM BEACH FL 33411



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/26/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1444638
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, ERIC O
7430 BELVEDERE ROAD
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FS- <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERFELDER, VIC III	1.2 NAME	
STREET ADDRESS	820 TUSCALOOSA ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL	1.4 CITY-STATE-ZIP	4-25-99
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CURTIS	2.2 NAME	
STREET ADDRESS	14030 75TH LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LOXAHATCHEE FL	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUNG, REX	3.2 NAME	
STREET ADDRESS	837 ORCHID DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ROYAL PALM BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUEZMAN, AL	4.2 NAME	
STREET ADDRESS	825 TRIPP DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	W PALM BCH FL	4.4 CITY-STATE-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, TIM	5.2 NAME	
STREET ADDRESS	4493 BROOK DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	W PALM BCH FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Eric F. Miller* *1-24-99* *561 791 0697*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)