

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


9/1/2004-90008-013 \$61.25-\$61.25

04 OCT -7 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

DOCUMENT # 726248					
1. Entity 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 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 59-1444638	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUR, PAUL T PASTOR 7430 BELVEDERE ROAD WEST PALM BEACH FL 33411			7. Name and Address of New Registered Agent Name <u>Jonathan E. Eder</u> Street Address (P.O. Box Number is Not Acceptable) <u>7430 Belvedere Rd</u> City <u>West Palm Beach</u> FL <u>33411</u> Zip Code <u>33411</u>		
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 <u>Jonathan E. Eder</u> DATE <u>10-3-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	T COONAUGH, TIMOTHY W 5503 HABAUT AVE WEST PALM BEACH FL 33465 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DANIEL 8201 FRESH CREEK WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUTZ, GERALD 475 ONE 18TH TERRACE FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HUTSON, GLEN 18555 93 RD NORTH LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TERKOVICH, RICK 16790 W GRAN NATIONAL DR ROYAL PALM BEACH FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS KALEN, KEVIN 1137 SW 5TH PL FORT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>L. W. Coe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8-26-04</u> Daytime Phone # <u>561-644-0543</u>		