

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

3/1

03-12-2003 90131 043 ****61.25

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Paul T. Baur

(NOTE: Registered Agent signature required when reinstating)

3-2-03

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☒ Delete
NAME **BORCHERT, RAYMOND**
STREET ADDRESS **4128 HIGISCUS CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DT** ☒ Delete
NAME **MILLER, CURTIS**
STREET ADDRESS **14030 75TH LANE**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **SD** ☐ Delete
NAME **PAUTZ, GERALD**
STREET ADDRESS **475 ONE 18TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SV** ☒ Delete
NAME **HUTSON, GLEN**
STREET ADDRESS **18555 93 RD NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Treasurer Timothy W. Conrough**
STREET ADDRESS **5503 Hobart Ave**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **D** ☐ Change ☒ Addition
NAME **President David Smith**
STREET ADDRESS **8201 Fresh Creek**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE **T** ☐ Change ☒ Addition
NAME **Property Chairman Rick Terkovich**
STREET ADDRESS **16790 W. Grand National Dr**
CITY-ST-ZIP **Royal Palm Beach FL 33470**

TITLE **T** ☐ Change ☒ Addition
NAME **Financial Secretary Kevin Kalen**
STREET ADDRESS **1157 SW 5th Pl**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **T** ☐ Change ☒ Addition
NAME **Evangelism Manager Joe Maggio**
STREET ADDRESS **13925 54th Lane No.**
CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE **D** ☒ Change ☐ Addition
NAME **Secretary Gerald Pautz**
STREET ADDRESS **8416 Gargill Point**
CITY-ST-ZIP **West Palm Beach, FL 33411**

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: *Timothy W. Conrough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-03 644-0543

CR2E037 (10/02)