## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732270** 

FILED Jan 26, 2009 Secretary of State

Entity Name: LIVING HOPE COMMUNITY CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2111 N E 36TH AVENUE OCALA, FL 344703126 US **Current Mailing Address: New Mailing Address:** 2111 N E 36TH AVENUE OCALA, FL 344703126 US FEI Number: 59-1948985 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMMONS, GERALD E. 1131 SE 43RD TERRACE OCALA, FL 34471 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIMMONS, GERALD E Name: Name: 1131 SE 43RD TERRACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GRENON, CAROL Name: DAUBENMIRE, JOSEPHINE Name: Address: 1020 N.E. 30TH AVE. #105 Address: 621 S.E. 5TH ST. City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34471 Title: () Delete Title: () Change () Addition LIBBY, BETH Name: Name: Address: 1015 SE 8TH STREET Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: NEWKIRK, PAUL Name: KURTZ, EUGENE Address: 5350 N.E. 61ST AVE. RD. Address: 3185 N.E. 26TH TERRACE City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: OCALA, FL 34479 Title: ( ) Delete Title: (X) Change ( ) Addition CLEMENTS, BOB HUGGINS, MICHAEL Name: Name: 1020 N.E. 30TH AVE., #130 920 N.W. 42 ND ST. Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34470 Title: () Delete Title: () Change () Addition STERMER, ROBERT Name: Name: Address: 2040 SE 33RD STREET Address: OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GERALD E. SIMMONS PD 01/26/2009