2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

1. Entity Name HOPE EVANGELICAL LUTHERAN CHURCH, OF BAYONET POINT, FLORIDA, INC.									04-	13-2007	901	71 03	1 ****61	.25
12321 CANTON AVE 123				ng Address 121 CANTON AVE 150N, FL 34669										
Principal Place of Business - No P.O. Box # . 3. Mailing Address														
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #. etc.				011220	007 C	hg-NP		CR2E0	37 (12/06)	j
City,& State			City & S	City & State				4. FEI N	umber 167539	95			-	Applied For
Zip	ip Country		Zip	Zip C		intry		5. Certificate of Status Desired						
	6. Name	and Address of Current I	Registered Ag	ent				7. Name	and Add	iress of Ne	w Reg	istered	Agent	
						Name								
ALLGOOD JR., SAM Y. 123 W. NEBRASKA AVE. NEW PORT RICHEY, FL 33553							Address (F	P.O. Box N	umper is	Not Accepta	aole)			
		.,. =			·	City							Zip Co	
R The serve	nomod out	ly submits this statement for	the surees s	f abouting its	an mintara	L <u>.</u>		ad agost .	w noth in	the Cine o	t Elorio	FL		
	ions of regist		ille purpose t	changing its	registere	ad owice d	и тейлеген	eo agem, (or Dour, ar	THE SIGIE O	rione	ia. Lain	ianniar wii	i, and accept
SIGNATURE .	Signature, lyped	t or printed name of registered agent a	and the Jappicanie	(NO IE	_ Heg alcred	d Agent signa	lure required	when romatatin	rg)			DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
	-		9					\$5.00 M Added to F	lay Be ees	F				
10.	-									F ES TO OFFI	lorida	Depa	tment of	State
10. TILE	-	fay 1, 2007	ECTORS		ituairtno	on.				1	lorida	Depa	tment of	N 10
	Due by M	day 1, 2007 OFFICERS AND DIR	ECTORS	Trust Fund C	Contributi 11.	on.	T	DDITIONS	/CHANG] ES TO OFFI	iorida ICERS	Depa	RECTORS	N 10
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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. What I all other like empowered.

SIGNATURE: MA CENTY DOWN JERRY DOBIEK 4/10/07 727-863-6446
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Proces