

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746987 (7)

1. Corporation Name

HOPE LUTHERAN CHURCH

95 MAR 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001429857
-03/15/95--01034--010
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1840 N.E. 41ST STREET
POMPANO BEACH FL 33064

1840 N.E. 41ST STREET
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

04/30/1979

3a. Date of Last Report

04/18/1994

4. FEI Number

59-6044095

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TABOR, ROBERT J
1840 NE 41ST ST
POMPANO BEACH FL 33064

81 Name

Tom Walker

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

896 SE 13 Street

83

Deerfield Beach, FL 33441

84 City

Deerfield Beach FL 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Tom Walker, President of Congregation

2/27/95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LUBBERS, RICK
STREET ADDRESS	3951 NE 17 AVE 701
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	PD
NAME	TABOR, ROBERT J
STREET ADDRESS	3200 PORT ROYALE DR N 1903
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	ESMANN, WILLIAM H.
STREET ADDRESS	2402 EPIA AVE.
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	VD
NAME	HILL, JOHN
STREET ADDRESS	5142 NW 48TH AVE
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Bruce French	☒ Change ☐ Addition
1.2 NAME	2630 NE 23 Street	
1.3 STREET ADDRESS	Pompano Beach FL 33062	
1.4 CITY - ST - ZIP		
2.1 TITLE	Tom Walker	☒ Change ☐ Addition
2.2 NAME	896 SE 13 Street	
2.3 STREET ADDRESS	Deerfield Beach, FL 33441	
2.4 CITY - ST - ZIP		
3.1 TITLE	Pat Krumenacker	☒ Change ☐ Addition
3.2 NAME	4131 Carambola Circle So.	
3.3 STREET ADDRESS	Coconut Creek, FL 33066	
3.4 CITY - ST - ZIP		
4.1 TITLE	None	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pat Krumenacker PAT Krumenacker

1/28/95 305 522-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone # 27 2160