
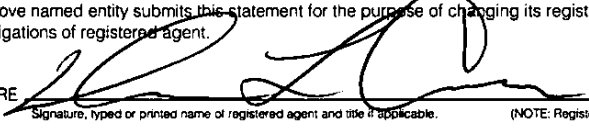
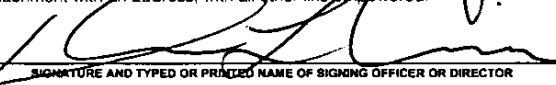


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90024 032 ****61.25

DOCUMENT # 767375					
1. Entity Name HOPE COMMUNITY BIBLE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.					
Principal Place of Business 13241 SPRING HILL DRIVE SPRING HILL, FL 34609-2247			Mailing Address 13241 SPRING HILL DRIVE SPRING HILL, FL 34609-2247		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2400802	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHMIDT, JOEL 3020 ESPLANADE DRIVE NEW PORT RICHEY, FL 34655			Name DEANNA CARDINEAU Street Address (P.O. Box Number is Not Acceptable) 3375 Dow Lane City Spring Hill FL Zip Code 34609		
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 				DATE 3/17/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 D NAME REINHARD, HARVEY STREET ADDRESS 2239 LEMA DR CITY-ST-ZIP SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete		TITLE D NAME RON CENDER STREET ADDRESS 5287 CHAMPIONSHIP CUP LN CITY-ST-ZIP BROOKSVILLE FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BAUER, DENNIS REV STREET ADDRESS 12180 TALLWOOD STREET CITY-ST-ZIP SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete		TITLE VP NAME LEO DUARTE STREET ADDRESS 16322 ROYALTON LN CITY-ST-ZIP SHADY HILLS FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SCHMIDT, JOEL STREET ADDRESS 3020 ESPLANADE DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE T NAME DEANNA CARDINEAU STREET ADDRESS 3375 Dow Ln. CITY-ST-ZIP Spring Hill FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE C NAME PLETINCKS, DAVID REV STREET ADDRESS 13399 BONDSTONE ST CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GOKER, ELIZABETH STREET ADDRESS 395 GREENWICH CIRCLE CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DOYLE, CHERYL STREET ADDRESS PO BOX 11044 CITY-ST-ZIP SPRING HILL, FL 34610	<input 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 exemptions contained 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 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 the 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: 			Date 3/17/08 Daytime Phone # 352-686-6020		