

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90979 034 ****61.25

DOCUMENT # 767375

1. Entity Name

**HOPE ALLIANCE CHURCH, OF THE CHRISTIAN AND MISSI
ONARY ALLIANCE, INC. SPRING HILL FLORIDA**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2400802**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGAL, JACK
10088 NORTHWIND CT
SPRING HILL FL 34608**

Name **Jack Spiegel**

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

11405 Alden Ct.

City **Hudson**

FL

Zip Code **34667**

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 **JACK SPIEGEL**

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

NOTE: Registered Agent signature required when reinstating

DATE

4/1/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **TR NARDELLI, PETER**
STREET ADDRESS **7400 SPRINGHILL DR**
CITY-ST-ZIP **SPRINGHILL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SPIEGEL, JACK**
STREET ADDRESS **10088 NORTHWIND CT**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☒ Change ☒ Addition
NAME **Treasurer Jack Spiegel**
STREET ADDRESS **11405 Alden Ct.**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Delete
NAME **D SCHAUB, EUGENE**
STREET ADDRESS **7289 LOCHNESS CT.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T MILLIGAN, JAMES**
STREET ADDRESS **9225 BUNTING RD**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C PLETIRICKS, DAVID REV**
STREET ADDRESS **13399 BONDSTONE ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Jack Spiegel** Treasurer **4/1/03** **727-869-2827**

CR2E037 (10/02)