

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90532 031 ****61.25

DOCUMENT # 769117

1. Entity Name
**HOPE LUTHERAN CHURCH OF ST. PETERSBURG,
FLORIDA, INC.**



Principal Place of Business
**C/O BETHEL EVANG LUTH
1801 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702 US**

Mailing Address
**C/O BETHEL EVANG LUTH
1801 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702 US**



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1531562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSTON, JOANNE H
1801 62ND AVE N
ST PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DENNISTON, CHARLES F
1801 62 AVE N
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LAFRANCE, JOE
1801 62 AVE N
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JOHNSTON, JOANNE
1801 62 AVE N
SAINT PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Joanne H. Johnston
Treasurer

04/20/04

727-526-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #