2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# 769117

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

Current Principal Place of Business:

1801 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

1801 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702 US

New Mailing Address:

1801 62ND AVENUE NORTH
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1531562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAFRANCE, JOE
1801 62ND AVE N
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DECOTRET, REGGIE
Address: 1801 62 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VP ( ) Delete
Name: TEAL, MARGE
Address: 1801 62 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TREA ( ) Delete
Name: LAFRANCE, JOE
Address: 1801 62 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SHIPLEY, DONALD
Address: 1801 62 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LAFRANCE TREA 05/12/2009

Electronic Signature of Signing Officer or Director — Date