2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01796

FILED Apr 27, 2004 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
	LENNARD ROAD LUCIE, FL 34952		
Current Mailing Address:		New Mailing Address:	
	LENNARD ROAD LUCIE, FL 34952		
FEI Number:	59-2250127 FEI Number Applied For() FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
CHARLES, JOHN 2737 SE BISHOP AVENUE PORT SAINT LUCIE, FL 34952			
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: ADDIT		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title:	PD () Delete CHARLES, JOHN 2737 SE BISHOP AVENUE PT ST LUCIE, FL 34952 VD () Delete	Title: Name: Address: City-St-Zip: Title:	PD (X) Change () Addition CHARLES, JOHN 2737 SE BISHOP AVENUE PORT ST LUCIE, FL 34952 VD (X) Change () Addition
Name: Address: City-St-Zip:	ARCOLEO, CHRIS 1100 SE MITCHELL AVE, #402 PORT SAINT LUCIE, FL 34952	Name: Address: City-St-Zip:	SCHAUS, HERBERT 1671 SW VICTOR LANE PORT SAINT LUCIE, FL 34952
Title: Name: Address: City-St-Zip:	S () Delete SELLAS, JOAN 590 SE EUCLID LANE PORT SAINT LUCIE, FL 34983	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SCHAUS, CATHERINE 1671 SW VICTOR LANE PORT SAINT LUCIE, FL 34952
Title: Name: Address: City-St-Zip:	T () Delete MACK, SHARON J 111 SW LANDIS LANE PORT SAINT LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete HAVILAND, STEW 1942 SE GASKINS CIRCLE PORT SAINT LUCIE, FL 34952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	VD () Change (X) Addition BYERLY, DAVID 1042 SW BENCHOR AVE PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN CHARLES PD 04/27/2004