

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01796

FILED
Apr 29, 2005
Secretary of State

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

Current Principal Place of Business:

1750 S. E. LENNARD ROAD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

PO BOX 7340
PORT ST. LUCIE, FL 34985

Current Mailing Address:

1750 S. E. LENNARD ROAD
PORT ST. LUCIE, FL 34952

New Mailing Address:

PO BOX 7340
PORT ST. LUCIE, FL 34985

FEI Number: 59-2250127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, JOHN
2737 SE BISHOP AVENUE
PORT SAINT LUCIE, FL 34952 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: PD () Delete
Name: CHARLES, JOHN
Address: 2737 SE BISHOP AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: SCHAUS, HERBERT
Address: 1671 SW VICTOR LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: SCHAUS, CATHERINE
Address: 1671 SW VICTOR LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: MACK, SHARON J
Address: 111 SW LANDIS LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: HAVILAND, STEW
Address: 1942 SE GASKINS CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VD (X) Delete
Name: BYERLY, DAVID
Address: 1042 SW BENCHOR AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HEINS, FRED
Address: 8198 BLOLLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change () Addition
Name: SCHAUS, CATHERINE
Address: 1671 SW VICTOR LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: S (X) Change () Addition
Name: VINCENT, CLEMMIE
Address: 324 SE BRECKENRIDGE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date