

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01796

FILED
May 01, 2007
Secretary of State

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

Current Principal Place of Business:

PO BOX 7340
PORT ST. LUCIE, FL 34985

New Principal Place of Business:

1750 SE LENNARD RD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

PO BOX 7340
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2250127 **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:

CHARLES, JOHN
2737 SE BISHOP AVENUE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MACK, SHARON J
751 SE PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

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: SHARON J MACK

05/01/2007

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: HEINS, FRED
Address: 8198 BLOLLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SCHAUS, HERBERT
Address: 1671 SW VICTOR LA NE
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

Title: TD (X) Change () Addition
Name: MACK, SHARON J
Address: 111 SW LANDIS LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: SHARON J MACK

T

05/01/2007

Electronic Signature of Signing Officer or Director

Date