

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01796

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

1750 SE LENNARD RD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:
1750 SE LENNARD RD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2250127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEINS, FRED
1750 SE LENNARD RD
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

OLSON, JARED
1750 SE LENNARD RD
PORT SAINT LUCIE, FL 34952 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: JARED OLSON

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEINS, FRED
Address: 8198 BOLLY CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: BROWN, ROBERT
Address: 8650 S OCEAN DR #1101
City-St-Zip: JENSEN BEACH, FL 34957

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPEE, SUSAN
Address: 2674 SW DECKARD ST
City-St-Zip: PORT ST LUCIE, FL 34953

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

Title: S (X) Change () Addition
Name: FLINN, BARBARA
Address: 3812 PEBBLE BEACH LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: T () Change (X) Addition
Name: GENTRY, ANTONIA L
Address: 121 SW LANDIS LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date