

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01796

FILED
Apr 28, 2003
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:

Current Mailing Address:

1750 S. E. LENNARD ROAD
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:

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

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: GAHLGOFF, JERYL E JR
Address: 1949 S.E. BOWIE STREET
City-St-Zip: PT ST LUCIE, FL 34952

Title: V () Delete
Name: ARCOLEO, CHRIS
Address: 1100 SE MITCHELL AVE, #402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: KAPPA, DONNA
Address: 751 SE THANKSGIVING AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T () Delete
Name: CHARLES, JOHN
Address: 2737 SE BISHOP AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: M () Delete
Name: WEAVER, WADE
Address: 2 COZUMEL LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHARLES, JOHN
Address: 2737 SE BISHOP AVENUE
City-St-Zip: PT ST LUCIE, FL 34952

Title: VD (X) Change () Addition
Name: ARCOLEO, CHRIS
Address: 1100 SE MITCHELL AVE, #402
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: SELLAS, JOAN
Address: 590 SE EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

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: SHARON J MACK

T

04/28/2003

Electronic Signature of Signing Officer or Director

Date