2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004589

Apr 16, 2006 Secretary of State

Entity Name: HOPE UNITES UNITED CHURCH OF CHRIST METROPOLITAN COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 425 COLUMBIA ST ORLANDO, FL 328061007 US **Current Mailing Address: New Mailing Address:** PO BOX 698634 PO BOX 608634 ORLANDO, FL 32860 US ORLANDO, FL 328608634 US FEI Number: 03-0519203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROARK, KAREN PATRICK, RUTH A 2200 HIBISCUS RD 1262 STONEYWOOD WAY LONGWOOD, FL 32719 US APOPKA, FL 32712 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: RUTH A. PATRICK, TREASURER 04/16/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PATRICK, RUTH Name: Name: 1262 STONEYWOOD WAY Address: Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: Title: () Change () Addition () Delete BRAID, PAM Name: Name: Address: 12035 SUMMER SPRINGS LAKES Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: Title: D, S () Delete Title: D, S (X) Change () Addition CALIO, LIZ GARCIA, ALLIE Name: Name: 408 E. CRYSTAL LAKE 6806 BELMAR DR. Address: Address: City-St-Zip: ORLANDO, FL 32862 US City-St-Zip: ORLANDO, FL 32807 US (X) Change () Addition Title: () Delete Title: DC WOMACK, CAROL Name: Name: MACKEY, TAMMY PO BOX 698102 Address: Address: 5019 LAKE HOWELL ST City-St-Zip: ORLANDO, FL 32860 US City-St-Zip: WINTER PARK, FL 32792 US DC Title: DΡ () Delete Title: (X) Change () Addition ROARK, KAREN KELLY, CECELIA Name: Name: 2200 HIBISCUS RD 6114 ZONNA AVE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: () Change (X) Addition KOVACH, JOSEPH Name: Name: Address: Address: 989 PIEDMONT OAKS LAKES APOPKA, FL 32703 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH A. PATRICK, TREASURER DT 04/16/2006 Date