

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90365 010 ****70.00

DOCUMENT # N04000008420

1. Entity Name
HOPE COMMUNITY CHURCH OF THE GULF COAST, INC.



Principal Place of Business
**7171 DAVIS HWY SUITE A20
PENSACOLA, FL 32504 US**

Mailing Address
**7171 DAVIS HWY SUITE A20
PENSACOLA, FL 32504 US**

50041486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
20-1584204

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, TIMOTHY L
1840 CONDOR DR
CANTONMENT, FL, FL 32533**

7. Name and Address of New Registered Agent

Name **Martin, Timothy L.**
Street Address (P.O. Box Number is Not Acceptable)
8990 N. Davis Hwy Apt 1
Pensacola
City **FL** Zip Code **32514**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timothy L. Martin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, TIMOTHY L	
STREET ADDRESS	1840 CONDOR DR	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARE, DOYLE O II	
STREET ADDRESS	4631 LA JOLLA	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOYE, WILLIAM R	
STREET ADDRESS	6340 N PALAFOX ST	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim martin	
STREET ADDRESS	8990 N. Davis Hwy Apt 1	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rohrer, David	
STREET ADDRESS	2153 Yardley Dr.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Timothy L. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #