

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90249 006 \*\*\*\*61.25

**DOCUMENT # N04000010598**

1. Entity Name  
**HOPE UNITED CHURCH (PCUSA), INC.**



Principal Place of Business  
**7470 HICKORY ROAD  
FT. MYERS, FL 33912**

Mailing Address  
**7470 HICKORY ROAD  
FT. MYERS, FL 33912**

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**51-0529252**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~KNAPP, JOHN~~ **Knapp, John**  
**19409 SILVER OAKS DR  
FORT MYERS, FL 33912**

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IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WEINZETTLE, JOHN
STREET ADDRESS	6723 SEA ISLKE DR.
CITY-ST-ZIP	FORT MYERS, FL 339086100
TITLE	T
NAME	JAMESON, JAMIE <i>Effective - 11/1/2008</i>
STREET ADDRESS	12261 HAMMOCK CREEK WAY <i>Seacat, Terri L.</i>
CITY-ST-ZIP	FT. MYERS, FL 33905 <i>20600 Charing Cross Cir.</i>
TITLE	S
NAME	JAMESON, CAROLA <i>Pritt, Robert</i>
STREET ADDRESS	12261 HAMMOCK CREEK WAY <i>25070 Ascot Lake Ct</i>
CITY-ST-ZIP	FT. MYERS, FL 33905 <i>Bonita Springs, FL 34134</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/08** (239) 267-3331  
Date Daytime Phone #