
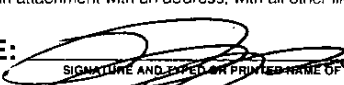


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 027 ****61.25

DOCUMENT # N15389 1. Entity Name HOPE FELLOWSHIP MENNONITE CHURCH, INC.					
Principal Place of Business 5420 ASHTON RD SARASOTA, FL 34233 US				Mailing Address 5420 ASHTON RD SARASOTA, FL 34233 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0665500 20-0124343	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DETWILER DETWILER, HENRY 6600 RICHARDSON RD. SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DC DETWILER <input type="checkbox"/> Delete NAME DETWILER, HENRY STREET ADDRESS 6600 RICHARDSON RD. CITY-ST-ZIP SARASOTA, FL 34240				
TITLE	SDT <input type="checkbox"/> Delete NAME LARAVIERE, RICHARD STREET ADDRESS 2612 SWEETLAND AVE CITY-ST-ZIP SARASOTA, FL 34232				
TITLE	T STUTZMAN <input type="checkbox"/> Delete NAME STATEMAN, LOYL STREET ADDRESS 200 COLT LANE CITY-ST-ZIP SARASOTA, FL 34237				
TITLE	TS <input checked="" type="checkbox"/> Delete NAME WEAVER, JACOB STREET ADDRESS 1217 HINES AVENUE CITY-ST-ZIP SARASOTA, FL 34239				
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	<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	<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:  RICHARD LARAVIERE 1-14-05 941-922-8459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50008274



01142005 Chg-NP CR2E037 (10/03)