## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # N15389** 1. Entity Name HOPE FELLOWSHIP MENNONITE CHURCH, INC. 04-03-2006 90393 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 5420 ASHTON RD 5420 ASHTON RD SARASOTA, FL 34233 US SARASOTA FL 34233 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-NP CR2E037 (11/05) Applied For City & State City & State FEI Number 80-0124343 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DETUILER, HENRY. Street Address (P.O. Box Number is Not Acceptable) 6600 RICHARDSON RD. SARASOTA, FL 34240 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 (NOTE: Registered Agent signature required when renetating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE TITLE DETWILER, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 6600 RICHARDSON RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 Change SDT SDT ☐ Addition TITLE **⊠**,Detete TTLE NAME miller Vernon LARAVIERE, RICHARD NAME STREET ADORESS STREET ADDRESS 2612 SWEETLAND AVE 1861 Wood Hollow Ct. Sarasota Fl. 3423 CTY-ST-7P CITY-ST-ZIP SARASOTA, FL 34232 Yoder Fred TITLE Delete TITE F STUTZMAN, LOYL NAME NAME 4931 Sawyer Rd. Squester Fl 34233 STREET ADDRESS STREET ADDRESS 200 COLT LANE CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P

12. I hereby certify that the information supplied with this filing does not quality 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:

FILED