2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT FILED DOCUMENT # N15389** Feb 02, 2007 08:00 AM Secretary of State 1. Entity Name HOPE FELLOWSHIP MENNONITE CHURCH, INC. Principal Place of Business Mailing Address 5420 ASHTON RD 5420 ASHTON RD SARASOTA, FL 34233 US SARASOTA, FL 34233 US 01252007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0124343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DETUILER, HENRY DO NOT WRITE 6600 RICHARDSON RD. SARASOTA, FL 34240 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 Fred losfer Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME **DETWILER, HENRY** STREET ADDRESS 6600 RICHARDSON RD. CITY-ST-ZIP SARASOTA, FL 34240 TITLE U00000619004 02/08/07-80054-016 61.25 NAME MILLER, VERNON STREET ADDRESS 1801 WOOD HOLLOW CT CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME **YODER, FRED** STREET ADDRESS 4931 SAWYER RD DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34233 TID F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

941-312-4153