FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:01

DOCUMENT # N18587 (8)

1. Corporation Name
HOPE LUTHERN CHURCH - GULF COVE, INC.

Principal Place of Business	Mailing Address
14200 HOPEWELL AVE. PORT CHARLOTTE FL 33981 US	14200 HOPEWELL AVE PORT CHARLOTTE FL 33981 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2552718 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECK, REV. LEROY C.
5464 MAHONEY ST.
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SCOTT, CASIUS C.	1.2 NAME	KUSS, FRED
STREET ADDRESS	1801 BAYSHORE DR	1.3 STREET ADDRESS	5196 EARLY TERRACE
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	PORT CHARLOTT FL 33981
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	PROTHEROE, ANNE	2.2 NAME	
STREET ADDRESS	8356 BURWELL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DEVERS, BARBARA	3.2 NAME	
STREET ADDRESS	3627 STOCKTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAGILL, RICHARD	4.2 NAME	
STREET ADDRESS	6294 THORMAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, MARILYN	5.2 NAME	
STREET ADDRESS	5446 STOKES ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	LINNELL, CLARK
STREET ADDRESS		6.3 STREET ADDRESS	3574 ROSEMERE RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33953

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clark Linnell CLARK LINNELL 1-14-93 813-697-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002163