

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
12/31/1986

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2552718

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
REV. CARL KALTREIDER  
82 Street Address (P.O. Box Number is Not Acceptable)  
57 OAKLAND HILLS PL.  
83 ROTONDA/WEST  
84 City  
FL 85 Zip Code  
33947

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

CARL KALTREIDER

NOTE: Registered Agent signature required when instituting

3/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME KUSS, FRED  
STREET ADDRESS 5196 EARLY TERRACE  
CITY- ST- ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE VP ☒ DELETE  
NAME PROTHEROE, ANNE  
STREET ADDRESS 8356 BURWELL CIRCLE  
CITY- ST- ZIP PORT CHARLOTTE FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE SD ☐ DELETE  
NAME DEVERS, BARBARA  
STREET ADDRESS 3627 STOCKTON ROAD  
CITY- ST- ZIP PORT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE TD ☐ DELETE  
NAME MAGILL, RICHARD  
STREET ADDRESS 6294 THORMAN RD  
CITY- ST- ZIP PORT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME LINNELL, CLARK  
STREET ADDRESS 3574 ROSSMERE RD  
CITY- ST- ZIP PORT CHARLOTTE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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)(k), 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:

RICHARD MAGILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/96 944-697-7993

CR2E037 (12/95)