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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US14200 HOPEWELL AVE
PORT CHARLOTTE FL 33981-2290
US3. Date Incorporated or Qualified
12/31/19863a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALTREIDER, CARL REV.
57 OAKLAND HILLS PL
ROTONDA/WEST
PORT CHARLOTTE FL 3394781 Name
Kaminska, Clyde W., Pastor
82 Street Address (P.O. Box Number is Not Acceptable)
14430 Worthwhile Rd.
83
Port Charlotte, Fl. 33953
84 City
FL 85 Zip Code

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 *Clyde W. Kaminska* CLYDE W. KAMINSKA 3/15/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME KUSS, FRED
STREET ADDRESS 5186 EARLY TERRACE
CITY-ST-ZIP PORT CHARLOTTE FL1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Watt, John
1.3 STREET ADDRESS 20280 Quesada Ave.
1.4 CITY-ST-ZIP Port Charlotte, Fl. 33952TITLE VPD ☒ DELETE
NAME JOHNSON, ROBERT
STREET ADDRESS 6449 FALCON DR
CITY-ST-ZIP ENGLEWOOD FL2.1 TITLE V/P ☒ Change ☐ Addition
2.2 NAME Murphy, James
2.3 STREET ADDRESS 3658 Stockton Rd.
2.4 CITY-ST-ZIP Port Charlotte, FL. 33953TITLE SD ☒ DELETE
NAME DEVERS, BARBARA
STREET ADDRESS 3627 STOCKTON ROAD
CITY-ST-ZIP PORT CHARLOTTE FL3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Klein, Jean
3.3 STREET ADDRESS 6610 Gasparilla Pines Bd. Unit 7
3.4 CITY-ST-ZIP Englewood, Fl. 34224TITLE TD ☐ DELETE
NAME MAGILL, RICHARD
STREET ADDRESS 6294 THORMAN RD
CITY-ST-ZIP PORT CHARLOTTE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME LINNELL, CLARK
STREET ADDRESS 3574 ROSSMERE RD
CITY-ST-ZIP PORT CHARLOTTE FL5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Morris, James
5.3 STREET ADDRESS 3540 Rossmere Rd.
5.4 CITY-ST-ZIP Port Charlotte, Fl. 33953TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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: *James H. Morris* JAMES H. MORRIS 3/16/97 941-627-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)