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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-2552718

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAMINSKA, CLYDE W PASTOR
14430 WORTHWILE RD
PT CHARLOTTE FL 33953**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WATT, JOHN**
STREET ADDRESS **20280 QUESADA AVE**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **VP** ☒ DELETE

NAME **MURPHY, JAMES**
STREET ADDRESS **3658 STOCKTON RD**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **SD** ☒ DELETE

NAME **KLEIN, JEAN**
STREET ADDRESS **6610 GASPARILLA PINES BD UNIT 7**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **TD** ☒ DELETE

NAME **MAGILL, RICHARD**
STREET ADDRESS **6294 THORMAN RD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **D** ☐ DELETE

NAME **MORRIS, JAMES**
STREET ADDRESS **3540 ROSSMERE RD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VP
Protheroe, Anne
8356 Burwell Circle
Port Charlotte, FL. 33981**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD
Outerbridge, Marlene
2337 Pappas Terr.
Port Charlotte, FL. 33981**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD
Anderson, Marilyn
5446 Stokes St.
Port Charlotte, FL. 33981**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

John R. Morris

2/18/97

CR2E037 (10/97)