

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90156 023 ****61.25

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DOCUMENT # N18587

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

Principal Place of Business

14200 HOPEWELL AVE.
PORT CHARLOTTE FL 33981
US

Mailing Address

14200 HOPEWELL AVE
PORT CHARLOTTE FL 33981
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/31/1986

4. FEI Number

59-2552718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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 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 **PROTHEROE, ANNE**
STREET ADDRESS **8356 BURWELL CIR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **SD** ☐ DELETE
NAME **OUTERBRIDGE, MARLENE**
STREET ADDRESS **237 PAPPAS TERR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **TD** ☐ DELETE
NAME **ANDERSON, MARILYN**
STREET ADDRESS **5446 STOKES ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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 **P** ☐ Change ☒ Addition
1.2 NAME **Ralph Thiemt**
1.3 STREET ADDRESS **1410 Kenmore St.**
1.4 CITY-ST-ZIP **Port Charlotte, FL. 33952**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Norma Watts**
2.3 STREET ADDRESS **20280 Quesada Ave.**
2.4 CITY-ST-ZIP **Port Charlotte, FL. 33952**

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

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

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Hildegard Clark**
5.3 STREET ADDRESS **5206 Hopkins Ave.**
5.4 CITY-ST-ZIP **Port Charlotte, FL. 33981**

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, with all other like empowered.

SIGNATURE:

Marilyn Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

3-12-99 (941) 697-3458