

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90086 041 \*\*\*\*61.25

**DOCUMENT # N18587**

1. Entity 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 33981-2290  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2552718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THIEMT, RALPH</b>	
STREET ADDRESS	<b>1410 KENMORE ST</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WATTS, NORMA</b>	
STREET ADDRESS	<b>20280 QUESADA AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 22841</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OUTERBRIDGE, MARLENE</b>	
STREET ADDRESS	<b>237 PAPPAS TERR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, MARILYN</b>	
STREET ADDRESS	<b>5446 STOKES ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE	<b>O</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, HILDEGARD</b>	
STREET ADDRESS	<b>5206 HOPKINS AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Albert Ord</b>	
STREET ADDRESS	<b>15706 AquaCircle</b>	
CITY-ST-ZIP	<b>Port Charlotte, Fl. 33981</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Klein</b>	
STREET ADDRESS	<b>6610 Gasparilla Pines Blvd #107</b>	
CITY-ST-ZIP	<b>Englewood, Fl. 34224</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jacqueline Brown</b>	
STREET ADDRESS	<b>12325 Mitchell Terr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, Fl. 33981</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fran Danilison</b>	
STREET ADDRESS	<b>3551 Montgomery Dr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, Fl. 33981</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Marilyn Anderson*  
 MARYLYN ANDERSON, SECRETARY

3-15-00

(941) 697-3458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)