2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am **ФОСИМЕНТ # N18587** Secretary of State 1. Entity Name HOPE LUTHERN CHURCH - GULF COVE, INC. 03-08-2001 90107 011 ****61.25 Mailing Address Principal Place of Business 14200 HOPEWELL AVE 14200 HOPEWELL AVE. PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2552718 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent H.J.Biemiller, Pastor Street Address (P.O. Box Number is Not Acceptable) 433 Rainbow Drive KAMINSKA, CLYDE W PASTOR 14430 WORTHWILE RD PT CHARLOTTE FL 33953 Zip Code 33903-5659 North Fort Myers, 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change ■ Delete TITLE TITLE Ρ NAME Albert Ord THIEMT, RALPH NAME STREET ADDRESS %15706-Aqua Circle STREET ADDRESS 1410 KENMORE ST CITY-ST-ZIP Port Charlotte; F1.33981 CITY-ST-ZIP PT CHARLOTTE FL Change_ Delete ... TITLE TITLE VΡ Edward Anders NAME WATTS, NORMA NAME 13450 Bennett Drive ... STREET ADDRESS STREET ADDRESS 20280 QUESADA AVE Port Charlotte, Fl. 33981 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 22841 Change Addition TITLE TITLE Delete Darcy Moscardini NAME NAME OUTERBRIDGE, MARLENE 5445 David Blvd. STREET ADDRESS STREET ADDRESS 237 PAPPAS TERR Port Charlotte, F1. 33981 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME ANDERSON, MARILYN STREET ADDRESS STREET ADDRESS 5446 STOKES ST City-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Change Addition TITLE Delete TITLE John Watts NAME NAME CLARK, HILDEGARD STREET ADDRESS 20280 Ouasada Ave. STREET ADDRESS 5206 HOPKINS AVE Port Charlotte, Fl. 33952 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33981 Addition ☐ Delete TITLE TITLE Marge North 3535 Montgomery Drive NAME NAME STREET ADDRESS STREET ADDRESS Port Charlotte, Fl. 33981 CITY-ST-ZIP CITY-ST-7IP

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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: Mar illyn Nanderson (941)697-3458