

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18587

1. Entity Name

HOPE LUTHERN CHURCH - GULF COVE, INC.

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90392 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14200 HOPEWELL AVE.  
PORT CHARLOTTE FL 33981  
US

14200 HOPEWELL AVE  
PORT CHARLOTTE FL 33981  
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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIEMILLER, H.J. PASTOR  
433 RAINBOW DRIVE  
FORT MYERS FL 33903-5659

Name

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

City

FL

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ORD, ALBERT  
15706 AQUA CIRCLE  
PORT CHARLOTTE FL 33981 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ANDERS, EDWARD  
13450 BENNETT DRIVE  
PORT CHARLOTTE FL 33981 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MOSCARDINI, DARCY  
5445 DAVID BLVD.  
PORT CHARLOTTE FL 33981 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATTS, JOHN  
20280 QUASADA AVENUE  
PORT CHARLOTTE FL 33952 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FSD  
NORTH, MARGE  
3535 MONTGOMERY DRIVE  
PORT CHARLOTTE FL 33981 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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* (MARILYN ANDERSON) 4-12-02 (941) 697-3458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)