

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 007 ****61.25

DOCUMENT # N18587

1. Entity Name

HOPE LUTHERN 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

MAGNESON, LEE
18221 LAKE WORTH BLVD.
PORT CHARLOTTE FL 33948

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THIEMT, RALPH
2305 AARON ST APT #101
PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANDERS, EDWARD
14350 BENNETT DR
PORT CHARLOTTE FL 33981 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Rosen, Don
3175 Osprey Lane
Port Charlotte, FL 33953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DANILSON, FRAN
2625 ROYAL PALM DRIVE
PORT CHARLOTTE FL 34288 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/D
Reeves Arlene
6373 MATARO COURT
North Port, FL 34287 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
OSTROWSKI, MADELINE
3364 HOLCOMB ROAD
PORT CHARLOTTE FL 33981 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Management Chair/D
Zwerner, Chris
3438 Pennyroyal St.
Port Charlotte FL 33953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REEVES, ARLENE
6373 MATARO COURT
NORTH PORT FL 34287 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Worship Chair/D
Jill mead
3059 Holcomb Road
Port Charlotte, FL 33981 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Madelin S. Ostrowski, Treas.

4/2/06 941-697-0143