2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N18587

Entity Name: HOPE LUTHERN CHURCH - GULF COVE, INC.

Current Principal Place of Business:

14200 HOPEWELL AVE.
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

14200 HOPEWELL AVE
PORT CHARLOTTE, FL 33981 US

New Mailing Address:

FEI Number: 59-2552718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BRADY, LARRY	
Address:	5359 BRYAN TERRACE	
City-St-Zip:	PORT CHARLOTTE, FL 33481	
Title:	VP	( ) Delete
Name:	HAWCO, BETTY	
Address:	5184 COOPER TERRACE	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:	S/D	( ) Delete
Name:	DAHLMAN, BRENDA	
Address:	5238 GOLF PORT TERRACE	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:	TD	( ) Delete
Name:	OSTROWSKI, MADELINE	
Address:	3364 HOLCOMB ROAD	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:	FMGD	( ) Delete
Name:	HEFFNER, RAY	
Address:	10060 TOPSAIL AVE	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	WCD	( ) Delete
Name:	HINTEBERG, KRIS	
Address:	4289 HILLIS	
City-St-Zip:	PORT CHARLOTTE, FL 33953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MEAD, JILL	
Address:	3059 HOLCOMB ROAD	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	FSD	(X) Change ( ) Addition
Name:	HINTERBERG, KRIS	
Address:	4289 HILLIS	
City-St-Zip:	PORT CHARLOTTE, FL 33953	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE OSTROWSKI TD 01/12/2009

Electronic Signature of Signing Officer or Director — Date