2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90147 027 ****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 US

☐ CHECK HERE IF MAKING CHANGES

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
BIEMILLER, H.J. PASTOR 433 RAINBOW DRIVE FORT MYERS FL 33903-5659	Name: Magneson, Lee , Pastor Street Address (P.O. Box Number is Not Acceptable): 18221 Lake Worth Blvd. City: Port Charlotte, FL Zip Code: 33948

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: Lee A. Magneson 3/13/03
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 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 ORD, ALBERT 15706 AQUA CIRCLE PORT CHARLOTTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Anders, Edward 14350 Bennett Dr. Port Charlotte, Fl. 33981	☐ 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	VP Moscardini, Darcy 13276 Englewood Rd. Port Charlotte, Fl. 33981	☐ 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	SD Betty Hawco 5184 Cooper Terr. Port CHarlotte, Fl. 33981	☐ 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	FSD NORTH, MARGE 3535 MONTGOMERY DRIVE PORT CHARLOTTE FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Norma Watts 20280 Quesada Ave. Port Charlotte, Fl. 33952	☐ Change ☒ Addition

CR2E037 (10/02)

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 3/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #