FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20580 (9)

1. Corporation Name
HOPE COMMUNITY CHURCH OF ORLANDO, INC.

Principal Place of Business	Mailing Address
C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US	C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3183943 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WIENS, GREGORY A.
1850 W BROADWAY
#118
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gregory A. Wiens 3/4/95
(Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WIENS, GREGORY A.	1.2 NAME	
STREET ADDRESS	1174 BALTIC LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PURCELL, DON	2.2 NAME	
STREET ADDRESS	531 VERSAILLES DR #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DUMBACHER, TOM	3.2 NAME	
STREET ADDRESS	1621 SPRINGTIME LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, KELVIN	4.2 NAME	
STREET ADDRESS	1750 W BROADWAY #118	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOSSE, PAM	5.2 NAME	
STREET ADDRESS	1750 W BROADWAY #118	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROOKINS, JUDY	6.2 NAME	
STREET ADDRESS	1750 W BROADWAY #118	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/4/95 407/539-1272
(SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR) Date (Area Code & Daytime Phone #)