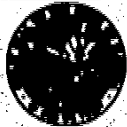


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

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**

**APPROVED
AND
FILED**

95 APR 21 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

05/01/1994

4. FBI Number

50-3183943

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WIENS, GREGORY A.

STREET ADDRESS

1174 BALTIC LANE

CITY-ST-ZIP

WINTER SPRINGS FL

TITLE

D

NAME

PURCELL, DON

STREET ADDRESS

531 VERSAILLES DR #202

CITY-ST-ZIP

MAITLAND FL

TITLE

D

NAME

DUMBACHER, TOM

STREET ADDRESS

1621 SPRINGTIME LOOP

CITY-ST-ZIP

WINTER PARK FL

TITLE

D

NAME

THOMPSON, KELVIN

STREET ADDRESS

1750 W BROADWAY #118

CITY-ST-ZIP

OVIEDO FL

TITLE

D

NAME

BOSSE, PAM

STREET ADDRESS

1750 W BROADWAY #118

CITY-ST-ZIP

OVIEDO FL

TITLE

D

NAME

BROOKINS, JUDY

STREET ADDRESS

1750 W BROADWAY #118

CITY-ST-ZIP

OVIEDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/4/95

407538-1272