

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N20580 (9)**  
1. Corporation Name  
**HOPE COMMUNITY CHURCH OF ORLANDO, INC.**



Principal Place of Business <b>C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US</b>		Mailing Address <b>C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US</b>		3. Date Incorporated or Qualified <b>05/11/1987</b>		3a. Date of Last Report <b>04/21/1995</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3183943</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>WIENS, GREGORY A. 1850 W BROADWAY #118 OVIEDO FL 32765</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>WIENS, GREGORY A.</b>				1.2 NAME			
STREET ADDRESS <b>1174 BALTIC LANE</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>PURCELL, DON</b>				2.2 NAME			
STREET ADDRESS <b>531 VERSAILLES DR #202</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>MAITLAND FL</b>				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>DUMBACHER, TOM</b>				3.2 NAME			
STREET ADDRESS <b>1621 SPRINGTIME LOOP</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>WINTER PARK FL</b>				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>THOMPSON, KELVIN</b>				4.2 NAME			
STREET ADDRESS <b>1750 W BROADWAY #118</b>				4.3 STREET ADDRESS			
CITY-ST-ZIP <b>OVIEDO FL</b>				4.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>BOSSE, PAM</b>				5.2 NAME <b>Borden Larson</b>			
STREET ADDRESS <b>1750 W BROADWAY #118</b>				5.3 STREET ADDRESS <b>14141 Winterset Rd.</b>			
CITY-ST-ZIP <b>OVIEDO FL</b>				5.4 CITY-ST-ZIP <b>Orlando, FL 32832</b>			
TITLE <input checked="" type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>BROOKINS, JUDY</b>				6.2 NAME <b>Lisette Bourque</b>			
STREET ADDRESS <b>1750 W BROADWAY #118</b>				6.3 STREET ADDRESS <b>926 Kerwood Circle</b>			
CITY-ST-ZIP <b>OVIEDO FL</b>				6.4 CITY-ST-ZIP <b>Oviedo, FL 32765</b>			

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

1/29/95

(407) 366-4400  
Daytime Phone #

CR2E037 (12/95)