


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90173 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine I. Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20580 1. Corporation Name HOPE COMMUNITY CHURCH OF ORLANDO, INC.					
Principal Place of Business C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US			Mailing Address C/O GREGORY A. WIENS 1750 W BROADWAY #118 OVIEDO FL 32765 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 05/11/1987 4. FEI Number 59-3183943 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WIENS, GREGORY A. 1750 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENS, GREGORY A. 110 SISSO COVE WINTER SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E RUDLOFF, WILLIAM K 112 SISSO COVE WINTER SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMBACHER, TOM 106 THUNBERG COVE WINTER SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Kathleen Mair 4111 Chuluota Road Orlando, FL 32820 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRETT, DAVID J 5210 N LAKE BURKETT LANE WINTER PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, LABSON 14141 WINTERSET ROAD ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D BETH A. RUDLOFF 112 SISSO COVE WINTER SPRINGS, FL 32708 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURQUE, LISETTE 926 KERWOOD CIRCLE OVIEDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/98

(407) 366-4400

CR2E037 (1/98)