

DOCUMENT # N20580

1. Entity Name

HOPE COMMUNITY CHURCH OF ORLANDO, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

01-20-2000 90214 005 ****70.00

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 32762-2588
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1811 HWY 419

Suite, Apt. #, etc.

P.O. Box 622588

City & State

Oviedo FL

City & State

Oviedo FL

Zip

32765

Country

USA

Zip

32762

Country

USA

4. FEI Number

59-3183943

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

WIENS, GREGORY A.
 1750 W BROADWAY
 #118
 OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 622588 1811 Hwy 419

City

Oviedo

FL

Zip Code

32765-2588

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Gregory A. Wiens

1/10/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WIENS, GREGORY A.	110 SISO COVE	WINTER SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	RUDLOFF, WILLIAM K	112 SISO COVE	WINTER SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	MAIR, KATHLEEN	4111 CHULUOTA RD	ORLANDO FL 32820	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BRETT, DAVID J	5210 N LAKE BURKETT LANE	WINTER PARK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	RUDLOFF, BETH A	112 SISO COVE	WINTER SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Rudloff

Date

1/10/00

Daytime Phone #

(407) 366-4400

CR2E037 (9/99)