

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N20580**1. Entity Name
HOPE COMMUNITY CHURCH OF ORLANDO, INC.Principal Place of Business
1811 HWY 419
OVIEDO FL 32765 US
Mailing Address
PO BOX 622588
OVIEDO FL 32762 US2. Principal Place of Business
1925 WEST COUNTY ROAD 419
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
OVIEDO FL

City & State

4. FEI Number
59-3183943Applied For
Not ApplicableZip Country
32765 US5. 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.
1811 HWY 419

OVIEDO FL 32765 US

Name
RUDLOFF WILLIAM K
Street Address (P.O. Box Number is Not Acceptable)
1925 WEST COUNTY ROAD 419City FL Zip Code
OVIEDO 32765

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 **WILLIAM K. RUDLOFF****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUDLOFF BETH A | |
| STREET ADDRESS | 112 SISO COVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER GREGORY | |
| STREET ADDRESS | 1588 EAGLE NEST CIRCLE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAIR KATHLEEN A | |
| STREET ADDRESS | 4111 CHULUOTA RD | |
| CITY-ST-ZIP | ORLANDO FL 32820 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRETT DAVID J | |
| STREET ADDRESS | 5210 NORTH LAKE BURKETT LANE | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUDLOFF WILLIAM K | |
| STREET ADDRESS | 112 SISO COVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William K. Rudloff

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)