

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90063 001 \*\*\*\*61.25

<b>DOCUMENT # N20580</b> 1. Entity Name <b>HOPE COMMUNITY CHURCH OF ORLANDO, INC.</b>					
Principal Place of Business <b>1925 WEST COUNTY ROAD 419</b> <b>OVIEDO, FL 32765 US</b>			Mailing Address <b>PO BOX 622588</b> <b>OVIEDO, FL 32762 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3183943</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREENE, DAVID F</b> <b>PO BOX 622588</b> <b>OVIEDO, FL 32762</b>			Name <b>PIERRE A. BOURQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1045 SHAFFER TRAIL</b> City <b>OVIEDO</b> FL <b>32765</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREENE, DAVID F</b>		NAME		
STREET ADDRESS	<b>687 CHEOY LEE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOURQUE, PIERRE A</b>		NAME	<b>P</b>	
STREET ADDRESS	<b>926 KERWOOD CIRCLE</b>		STREET ADDRESS	<b>1045 SHAFFER TRAIL</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEBELAK, DAVID</b>		NAME		
STREET ADDRESS	<b>854 KINGSBRIDGE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUKE, MARK</b>		NAME		
STREET ADDRESS	<b>1434 VAN HERCKE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHULUOTA, FL 32766</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SNYDER, GREGORY A</b>		NAME		
STREET ADDRESS	<b>1588 EAGLE NEST CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANDERS, MATTHEW E</b>		NAME		
STREET ADDRESS	<b>4423 BROOK HOLLOW CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>David J Debelak</i> DAVID J DEBELAK</b>			<b>3/4/2007 407-366-4400</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		