

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90001 006 \*\*\*\*61.25

**DOCUMENT # N20580**

1. Entity Name  
HOPE COMMUNITY CHURCH OF ORLANDO, INC.



Principal Place of Business  
1925 WEST COUNTY ROAD 419  
OVIEDO, FL 32765 US

Mailing Address  
PO BOX 622588  
OVIEDO, FL 32762 US

30007533



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06242008 Chg-NP CR2E037 (12/06)

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

BOURQUE, PIERRE A  
1045 SHAFFER TRAIL  
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BOURQUE, PIERRE A  
STREET ADDRESS 1045 SHAFFER TRAIL  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE T ☐ Delete  
NAME DEBELAK, DAVID  
STREET ADDRESS 854 KINGSBRIDGE DRIVE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete  
NAME LUKE, MARK  
STREET ADDRESS 1434 VAN HERCKE LANE  
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE D ☐ Delete  
NAME SNYDER, GREGORY A  
STREET ADDRESS 1588 EAGLE NEST CIRCLE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE S ☒ Delete  
NAME SANDERS, MATTHEW E  
STREET ADDRESS 4423 BROOK HOLLOW CIRCLE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME PIERRE A BOURQUE  
STREET ADDRESS 4516 STONE HEDGE DR.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

*David J Debelak* DAVID J DEBELAK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/08  
Date

407-383-0300  
Daytime Phone #