2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20580

FILED Jaņ 3<u>0, 2</u>009 Secretary of State

Entity Name: HOPE COMMUNITY CHURCH OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business: 1925 WEST COUNTY ROAD 419 OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** PO BOX 622588 OVIEDO, FL 32762 US FEI Number: 59-3183943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOURQUE, PIERRE A BOURQUE, PIERRE A 1045 SHAFFER TRAIL OVIEDO, FL 32765 4516 STONE HEDGE DRIVE ORLANDO, FL 32817 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: 01/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOURQUE, PIERRE A Name: Name: Address: 4516 STONE HEDGE DR Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DEBELAK, DAVID Name: Address: 854 KINGSBRIDGE DRIVE Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: Title: () Delete Title: () Change () Addition LUKE, MARK Name: Name: 1434 VAN HERCKE LANE Address: Address: City-St-Zip: CHULUOTA, FL 32766 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SNYDER, GREGORY A Name: Address: 1588 EAGLE NEST CIRCLE Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DEBELAK **TRES** 01/30/2009