

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 25, 2009
Secretary of State

DOCUMENT# N20580

Entity Name: HOPE COMMUNITY CHURCH OF ORLANDO, INC.**Current Principal Place of Business:**1925 WEST COUNTY ROAD 419
OVIEDO, FL 32765 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 622588
OVIEDO, FL 32762 US**New Mailing Address:****FEI Number:** 59-3183943**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOURQUE, PIERRE A
4516 STONE HEDGE DRIVE
ORLANDO, FL 32817 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: BOURQUE, PIERRE A
Address: 4516 STONE HEDGE DR
City-St-Zip: ORLANDO, FL 32817 US**Title:** T () Delete
Name: DEBELAK, DAVID
Address: 854 KINGSBRIDGE DRIVE
City-St-Zip: OVIEDO, FL 32765 US**Title:** D () Delete
Name: LUKE, MARK
Address: 1434 VAN HERCKE LANE
City-St-Zip: CHULUOTA, FL 32766 US**Title:** D (X) Delete
Name: SNYDER, GREGORY A
Address: 1588 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T/S (X) Change () Addition
Name: HOAK, SUSAN
Address: 1558 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750 US**Title:** D (X) Change () Addition
Name: WIENS, GREG
Address: 5826 HOFFNER AVE #1001
City-St-Zip: ORLANDO, FL 32822 US**Title:** () Change () Addition
Name:
Address:
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: PIERRE BOURQUE

P

08/25/2009

Electronic Signature of Signing Officer or Director

Date