

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22787 (8)

1. Corporation Name

HOPE WESLEYAN CHURCH, INC.



Principal Place of Business

Mailing Address

**4445 17TH COURT S.W.
C/O NATHAN PUTNEY
NAPLES FL 33999**

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C/O NATHAN PUTNEY
NAPLES FL 33999**

3. Date Incorporated or Qualified
10/01/1987

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0139039

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUTNEY, NATHAN
4445 17TH COURT S.W.
NAPLES FL 33999**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **WRIGHT, NORMAN D.**
STREET ADDRESS **1740 45TH STREET SW**
CITY-STATE-ZIP **NAPLES FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2088 PICCADILLY CIRCUS**
1.4 CITY-STATE-ZIP **NAPLES, FL 33962**

TITLE **VCD** ☐ DELETE
NAME **PUTNEY, NATHAN**
STREET ADDRESS **675 LOGAN BLVD.**
CITY-STATE-ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **MATHIS, TODD**
STREET ADDRESS **5284 17TH PL SW**
CITY-STATE-ZIP **NAPLES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **JAN PATTERSON**
3.3 STREET ADDRESS **211 2ND ST. NE**
3.4 CITY-STATE-ZIP **NAPLES FL 33964**

TITLE **TD** ☐ DELETE
NAME **ABSHIRE, ALAN**
STREET ADDRESS **692 94TH AVENUE NO**
CITY-STATE-ZIP **NAPLES FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SUSAN HODGE**
4.3 STREET ADDRESS **5921 14TH AV SW**
4.4 CITY-STATE-ZIP **NAPLES, FL 33999**

TITLE **D** ☐ DELETE
NAME **ZOLTAI, ELVA**
STREET ADDRESS **1780 44TH TERR SW**
CITY-STATE-ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **EYBERG, DOROTHY**
STREET ADDRESS **1831 41ST STREET, SW**
CITY-STATE-ZIP **NAPLES FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Norman D. Wright** - NORMAN D. WRIGHT 2-23-96 (941) 455-1825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)