FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22787

1. Comoration Name

HOPE WESLEYAN CHURCH, INC.

Principal Place of Business 4445 17TH COURT S.W. C/O NATHAN PUTNEY NAPLES FL 33999 Mailing Address

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

FILED Feb 21, 1999 8:00 am Secretary of State

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2. Principal Pla	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26		10/01/1987				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		 	ied For	
22		27		65-0139039	<u> </u>		Applicable	
City & State		City & State	City & State		5. Certifcate of Status	Desired	\$8.75 Ac	I
23		28		or octations of our		Fee Req		
Zip	Country	Zip	Country		6. Election Campaign	Financing	\$5.00 N	
24 341	116 25 29 3416 30				Trust Fund Contrib	ution	Added to	Fees
Name and Address of Current Registered Agent					10. Name and Addres	ss of New Registered	Agent	
			81	Name				
PUTNEY, NATHAN				82 Street Address (P.O. Box Number is Not Acceptable)				
4445 17TH COURT S.W.				83				
NAPLES FL 33999				1				
14.4 EE9.15 99999			84	City			85 Zip C	ode
						FL	. ╲\	116
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								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to 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.								
	in familia with, and accept the congen	• •.,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature n	equired when reinstating)	DATE		20 111 40
12.	OFFICERS AND		13.		ADDITIONS/CHANG	GES TO OFFICERS AN		
TITLE	CD DELETE 1.1		1.1 TITLE			*	Change	Addition
NAME	SNYDER, BRAD		1.2 NAME					ļ
STREET ADDRESS	1740 45TH STREET S.W.		1.3 STREET	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE				Change	☐ Addition
NAME.	1.52		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE			3.1 TITLE			•	Ŀ l-Change	☐ Addition
NAME			3.2 NAME		0	0.1. 1		
STREET ADDRESS	211 2ND STREET NE		3.3 STREE	T ADDRESS	234 Robelina	IOIM LUNE	-	
CITY-ST-ZIP	NAPLES FL		3.4, CITY-5		Nagles, FL	34114		
TITLE	TD	Desert 44			70		Change	Addition
NAME	BOGGS, SANDRA		4. 2 NAME		Audrey Andr 8007 Kilkenny	ews/		
STREET ADDRESS			4.3 STREE	T ADDRESS	8007 Kilkenny	I MAY		•
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Nagles. FL	34114 3411	2	
TITLE	D	☐ DELETE	5.1 TITLE			•	Change	Addition
NAME	ZOLTAI, ELVA		5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME:	EYBERG, DOROTHY		6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL		6.4 CITY-S	ST-ZIP				
, United MAIN	[W ELV E					- 04 4 4 4 4 1 6 1 4 1 4 1 4 1	wife that the ir	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

IAUMALIA DE LOUIREL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>i/8/99</u>

941-455-3975

me Phone #

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