2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered

changed, or on an attachment wi

FILED DOCUMENT # **N22787** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** HOPE WESLEYAN CHURCH, INC. 03-27-2000 90082 027 ****61.25 Principal Place of Business Mailing Address 4445 17TH COURT S.W. 4445 17TH COURT S.W. C/O NATHAN PUTNEY C/O NATHAN PUTNEY NAPLES FL 34116 NAPLES FL 34116-5901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0139039 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PUTNEY, NATHAN 4445 17TH COURT S.W. NAPLES FL 33999 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TDS Addition TITLE TITLE ☐ Delete KATHY QUEEN SNYDER, BRAD NAME NAME 300 HOLLYWOODLN STREET ADDRESS STREET ADDRESS 1740 45TH STREET S.W. CITY-ST-ZIP CITY-ST-ZIP NAPIES FL 34112 NAPLES FL 34116 ☐ Addition VCD TITLE ☐ Change TITLE ☐ Delete NAME NAME PUTNEY, NATHAN STREET ADDRESS STREET ADDRESS 675 LOGAN BLVD. CITY-ST-7IP CITY-ST-ZIP naples fl Delete ☐ 'Addition' TITLE" SD: TITLE ☐ Change Patterson, Jan NAME NAME STREET ADDRESS STREET ADDRESS 234 ROBELINA PALM LANE CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34114 Change TD Delete Addition TITLE TITLE NAME ANDREWS, AUDREY NAME STREET ADDRESS 8007 KILKENNY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 TITLE ☐ Delete TITLE Change ☐ Addition ZOLTAI, ELVA NAME STREET ADDRESS STREET ADDRESS 1780 44TH TERR SW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete TITLE Change Addition EYBERG, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 1831 41ST STREET, SW CITY-ST-ZIP CITY-ST-ZIP naples fl 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director axecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and