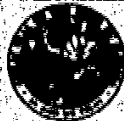


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25098

(7)

1. Corporation Name

HOPE EPISCOPAL CHURCH INC.

Principal Place of Business

Mailing Address

3115 TKACS DRIVE
ROCKLEDGE FL 32955

3115 TKACS DRIVE
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2846637	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHILLING, WALTER B III
1803 CRANE CREEK BLVD
MELBOURNE 32940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SCHILLING, WALTER B III	1.2 NAME	PATRICIA VANDELPOEST
STREET ADDRESS	1803 CRANE CREEK BLVD	1.3 STREET ADDRESS	9200 S. TROPICAL TR.
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	MELNITT ISLAND FL 32952
TITLE	D	2.1 TITLE	FANNY CESTL
NAME	DARLING, DAN	2.2 NAME	24 WINDY HILL
STREET ADDRESS	1005 CEDARBROOK CT	2.3 STREET ADDRESS	MELBOURNE FL 32940
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	MELBOURNE FL 32940
TITLE	D	3.1 TITLE	T
NAME	HARMON, THOMAS	3.2 NAME	DANDREA, Albert
STREET ADDRESS	894 YORKTOWNE DR	3.3 STREET ADDRESS	905 Dato way
CITY - ST - ZIP	ROCKLEDGE FL	3.4 CITY - ST - ZIP	Melbourne, FL 32940
TITLE	T	4.1 TITLE	D
NAME	HARRICK, RICHARD A	4.2 NAME	Nordbusch, Jack
STREET ADDRESS	731 SPRING VALLEY DRIVE	4.3 STREET ADDRESS	208 SE 4th ST.
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	Satellite Beach, FL 32937
TITLE	SD	5.1 TITLE	SD
NAME	AGOSTINELLI, LORI	5.2 NAME	MAE WHITWORTH
STREET ADDRESS	86 SPRINGS LAKE DR.	5.3 STREET ADDRESS	1803 CLOVER CIRCLE
CITY - ST - ZIP	MELBOURNE FL	5.4 CITY - ST - ZIP	MELBOURNE FL 32937
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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:

Walter B. Schilling III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (407) 259-5810
Date Signature