FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCHILLING, WALTER B III
1803 CRANE CREEK BLVD
MELBOURNE 32940

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
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	MELRIT ISLAND FL 32952
TITLE	D	2.1 TITLE	~~T~~ ☑ Change ☐ Addition
NAME	~~DARLING, DAN~~	2.2 NAME	~~FAMILY CRCTL~~
STREET ADDRESS	~~1005 CEDARBROOK CT~~	2.3 STREET ADDRESS	~~24 W 140 PLAT CA~~
CITY-ST-ZIP	~~MELBOURNE FL~~	2.4 CITY-ST-ZIP	~~MELBOURNE FL 32940~~
TITLE	D	3.1 TITLE	T ☑ Change ☐ Addition
NAME	~~HARMON, THOMAS~~	3.2 NAME	DANDREA, Albert
STREET ADDRESS	~~804 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 ☑ Change ☐ Addition
NAME	~~HAMRICK, 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 ☑ Change ☐ Addition
NAME	~~AGOSTINELLI, LORI~~	5.2 NAME	MAE WHITWORTH
STREET ADDRESS	~~98 SPRINGS LAKE DR.~~	5.3 STREET ADDRESS	1803 CLOVER CIRCLE
CITY-ST-ZIP	~~MELBOURNE FL~~	5.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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 on an attachment with an address.

SIGNATURE: Walter B. Schilling III 4/21/95 (407) 259-5810
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR — Date — Daytime Phone #

0004883