

# 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 # N25098**

**(7)**

1. Corporation Name

**HOPE EPISCOPAL CHURCH INC.**



Principal Place of Business

Mailing Address

**3115 TKACS DRIVE  
ROCKLEDGE FL 32955**

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ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified

**03/01/1988**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

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

**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 provisions of, Section 617.0507, Florida Statutes.

SIGNATURE

*Walter B. Schilling III*  
Signature, typed or printed name of registered agent and title if applicable

*Walter B. Schilling III*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **VANDELPOEST, PATRICIA**  
STREET ADDRESS **9200 S. TROPICAL TRAIL**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T** ☐ DELETE

NAME **DANDREA, ALBERT**  
STREET ADDRESS **905 DOTO WAY**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE

NAME **NORDBUSCH, JACK**  
STREET ADDRESS **209 SE 4TH STREET**  
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **SD** ☐ DELETE

NAME **WHITWORTH, MAE**  
STREET ADDRESS **1803 CLOVER CIRCLE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**D** ☒ Change ☐ Addition

**JOELLYN H. SENEY**  
**125 ESCAMBIA #305**  
**COCOA BEACH, FL 32931**

**T** ☒ Change ☐ Addition

**RICHARD STEUART**  
**1484 GOLD A9SH AVE**  
**MELBOURNE FL 32940**

**D** ☒ Change ☐ Addition

**ARTHUR GRIFFIN**  
**2556 SELLERS LANE**  
**MELBOURNE, FL 32940**

**SD** ☒ Change ☐ Addition

**FRANK BRADLEY**  
**427 TIMBER LAKE DR**  
**MELBOURNE, FL 32940**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Joellyn H. Seney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/96**  
Date

**407-784-4099**  
Daytime Phone #

CR2E037 (12/95)