

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25098** (7)

1. Corporation Name
HOPE EPISCOPAL CHURCH INC.



Principal Place of Business 3115 TKACS DRIVE ROCKLEDGE FL 32955	Mailing Address 3115 TKACS DRIVE ROCKLEDGE FL 32955-5724
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3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 04/24/1996
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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

4. FEI Number 59-2846637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHILLING, WALTER B III 1803 CRANE CREEK BLVD MELBOURNE 32940	
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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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOELLYN H. SENEY	1.2 NAME	
STREET ADDRESS	125 ESCAMBIA #305	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD STEUART	2.2 NAME	LEN ALBERTSON
STREET ADDRESS	1484 GOLD RUSH AVE	2.3 STREET ADDRESS	3401 FORT NELSON LANE
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR GRIFFIN	3.2 NAME	GEORGE MCKELVEY
STREET ADDRESS	2556 SELLERS LANE	3.3 STREET ADDRESS	433 COUNTRY ROAD
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BRADLEY	4.2 NAME	
STREET ADDRESS	427 TIMBER LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JOELLYN H. SENEY 4/10/97 407-259-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020267

CP2E037 (9/96)