FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

N25098

(7)

1. Corporatio	n Na me	()				
HOPE EPISCOPAL CHURCH INC.				A FARILIAN ALA MIKAL AMIRI AMIRI ADIN AMIRI AMIRI AMIRI AMIRI A	ATĀTĪ ĀJĀTĀ JUGAT ARĀTE DIJAK NADE	
Principal Plac	e of Business	Mailing Address			- I KADILIDI BAD ILDDI BANKI DRIKID YEYDI YON DIBA I	TIBIN QUBIN BUBIN BABAN BABAN KABU
3115 TKACS DRIVE 3115 TKACS DRIVE					3. Date Incorporated or Qualified	<u> </u>
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955					03/01/1988	
					4. FEI Number	Applied For
					59-2846637	Not Applicable
2. Principal Place of Business 22. Mailing Address 21 190 INTERLACHEN ROAD 28 190 INTERL			/ ACHEN	ROAD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
22 27					Trust Fund Contribution	Added to Fees
_ _		City & State 28 MELBOURA	ELBOYRNE FL		7. Is this nonprofit corporation a homeowners association?	
zip 24 3 2 9 4	Country 25 (1 < A	Zip 29 329 10	Country 30 USA		8. This corporation owes or has paid the c	eurrent year Intangible
24 32/7	9. Name and Address of Current		1301 43 A		Personal Property Tax due June 30. 10. Name and Address of New Registered	<u> </u>
			B1 Na	me		
SCHILLING, WALTER B III			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	
1803 CRANE CREEK BLVD			83			
MELBOURNE 32940			[63]			
			84 Cit	y	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above-nar	ned corpo	pration submits this statement for the purpose	of changing its registered
agent. I a	im familiar with, and accept the obligat	ions of, Section 617.0503, Fl	orida Statutes.	Corporatio	on's board of directors. I hereby accept the ap	pominioni as registered
SIGNATURE	Classics band as attack have all replaced based	and tills if applicable (AIO)	E. Desistated Aport sin	not un remulto	d when reinstating) DATE	
12.	Signature: typed or printed hame of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		13.	ant signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T		Change Addition
NAME	Joellyn H. Seney		1.2 NAME			
STREET ADDRESS	125 ESCAMBIA #305		1.3 STREET ADDR	ESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP			
TITLE	TD	☐ DEL ete	2.1 TITLE			☐ Change ☐ Addition
NAME	ALBERTSON, LEN		2.2 NAME	ļ		
STREET ADDRESS	3401 FORT NELSON LANE		2.3 STREET ADDR			
CITY-ST-ZIP	MELBOURNE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	_		Change Addition
TITLE	MCKELVEY, GEORGE	U VELETE	3.1 TITLE 3.2 NAME	رمط	dward d'Avi 40 Inverness Ave.	T Cusings (3) Vacilion
NAME	4313 COUNTRY ROAD		3.3 STREET ADOR	10	40 Inverness Nue.	
STREET ADDRESS CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP	m.	elbourne FL 32940	
TITLE	Sh	☐ DELETE	4.1 TITLE	- ' · ·	cibourne is serve	☐ Change ☐ Addition
NAME	FRANK BRADLEY		4. 2 NAME			
STREET ADDRESS	427 TIMBER LAKE DR		4.3 STREET ADDR	ESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDR	ESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			j
STOCET ANDDESS			E 2 CTREET ADAM	tee l		

14. Thereby 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.

JEEllin H. Senen

FILED

Mar 27 1998 8:00am

Secretary of State

407-259-5810