

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90009 016 ****61.25

0020376

DOCUMENT # N25098

1. Corporation Name

HOPE EPISCOPAL CHURCH INC.

Principal Place of Business

190 INTERLACHEN RD
MELBOURNE FL 32940
US

Mailing Address

190 INTERLACHEN RD
MELBOURNE FL 32940
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/01/1988

4. FEI Number

59-2846637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOELLYN H. SENEY	
STREET ADDRESS	125 ESCAMBIA #305	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALBERTSON, LEN	
STREET ADDRESS	3401 FORT NELSON LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'AVI, EDWARD	
STREET ADDRESS	1040 INVERNESS AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK BRADLEY	
STREET ADDRESS	427 TIMBER LAKE DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WAYNE A SENEY	
1.3 STREET ADDRESS	125 ESCAMBIA # 306	
1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D. RITCH WORKMAN	
3.3 STREET ADDRESS	6190 ANCHOR LANE	
3.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RACHAEL V. SIMPKINS	
4.3 STREET ADDRESS	4645 WILLOW BEND DRIVE	
4.4 CITY-ST-ZIP	MELBOURNE FL 32935	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Wayne A SENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/99
Date

784-4099
Daytime Phone #

CR2E037 (11/98)