2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25098

FILED Mar 29, 2006 Secretary of State

Entity Name: HOPE EPISCOPAL CHURCH INC. **Current Principal Place of Business: New Principal Place of Business:** 190 INTERLACHEN RD MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 190 INTERLACHEN RD MELBOURNE, FL 32940 US FEI Number: 59-2846637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHILLING, WALTER B III 1803 CRANE CREEK BLVD MELBOURNE, FL 32940 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KISS, JIM WOODRUFF, LOU Name: Name: Address: 4295 WOODHAVEN DRIVE Address: 1274 CIMARRON CIRCLE N.E. City-St-Zip: MELBOURNE, FL 32935 US City-St-Zip: PALM BAY, FL 32905 US Title: () Delete Title: () Change () Addition Name: BRADLEY, FRANK Name: Address: 427 TIMBERLAKE DRIVE Address: City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: Title: DS () Delete Title: (X) Change () Addition PHILLIPS, INDIRA Name: CALDWELL, DEBORAH Name: 3733 STREAM DR Address: Address: 3610 DEER LAKE DRIVE City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: MELBOURNE, FL 32940 US Title: () Delete Title: () Change () Addition Name: CARTER, JOHN Name: 434 HEATHROW CIRCLE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARTER T 03/29/2006