

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25098

FILED
Feb 27, 2008
Secretary of State

Entity Name: HOPE EPISCOPAL CHURCH INC.

Current Principal Place of Business:

190 INTERLACHEN RD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

190 INTERLACHEN RD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2846637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLING, WALTER B III
1803 CRANE CREEK BLVD
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BRADLEY, FRANCES
427 TIMBERLAKE DRIVE
MELBOURNE, FL 32940 US

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: FRANCES BRADLEY

02/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODRUFF, LOU
Address: 1274 CIMARRON CIRCLE N.E.
City-St-Zip: PALM BAY, FL 32905 US

Title: D () Delete
Name: BRADLEY, FRANK
Address: 427 TIMBERLAKE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: DS () Delete
Name: CALDWELL, DEBORAH
Address: 3610 DEER LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: T () Delete
Name: CARTER, JOHN
Address: 434 HEATHROW CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/27/2008

Electronic Signature of Signing Officer or Director

Date