***2000 UNIFORM BUSINESS REPORT (UBR)**

FILED DOCUMENT # **N32077** Apr 14, 2000 8:00 am Secretary of State HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, I 04-14-2000 90022 013 ****61.25 Mailing Address Principal Place of Business 25999 OLD 41 RD. 25999 OLD 41 RD. BONITA SPRINGS FL 34135 -7824 BONITA SPRINGS FL 34135-7824 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0416851 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent treet Address (P.O. Box Number is Not Acceptable) GEHRKE, CHARLES 27099 HOLLY LANE **BONITA SPRINGS FL 34135** 74735 8. 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE TITLE ☐ Delete NAME NAME JOHANSON, KENT STREET ADDRESS STREET ADDRESS 5731 MARIMIN DR CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134-4372 **Addition** TITLE TITLE SD Delete KOENCK BARB 23821 CREEK BRANCH LANE NAME NAME QUIST. VALERIE STREET ADDRESS STREET ADDRESS 22662 FOUNTAIN LAKES BLVD BONITA SPRINGS, FL 34135 CITY-ST-7IP CITY-ST-ZIP ESTERO FL 33928 Change ☐ Addition TITLE TD ☐ Delete TITLE SEHRKE, CHARLIE 23424 CORAL BEAN COURT NAME NAME GEHRKE, CHARLIE 23424 STREET ADDRESS STREET ADDRESS 27099 HOLLY LN BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Change Addition ☐ Delete TITLE HUFNAGEL, RICHARD NAME NAME 9825 ALITAMBRA LANE STREET ADDRESS STREET ADDRESS BONITH SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daytim

Daytime Phone #