2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am & Secretary of State **DOCUMENT # N32077** 1. Entity Name HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, I 04-21-2002 90865 021 ****61.25 Principal Place of Business Mailing Address 25999 OLD 41 RD. 25999 OLD 41 RD. **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0416851 Not Applicable Zip Country Zip 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 Name GEHRKE, CHARLES Street Address (P.O. Box Number is Not Acceptable) 23424 CORAL BEAN COURT **BONITA SPRINGS FL 34135** City Zip Code 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. 3/29/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition NAME JOHANSON, KENT NAME STREET ADDRESS 5731 MARIMIN DR STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134-4372 CITY-ST-ZIP TITLE Delete TITLE ☐ Change MORTON, DAUE 27161 ENCLAUE DRIVE NAME Koenck, Barb NAME 23821 CREEK BRANCH LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS FL 34135 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition GEHRKE, CHARLIE NAME NAME STREET ADDRESS 23424 CORAL BEAN COURT STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE VD. Delete TITLE ע ע Addition ☐ Change NAME HUFNAGEL, RICHARD STOLZ, LOW 13171 BRIDGEFORD NAME STREET ADDRESS 9825 ALHAMBRA LANE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP BONITA SPRINGS, FL 34135 TITLE ☐ Delete TITLE EMONT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 5PRINGS FL 34133-1615 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

THE WORLD SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #